| Fill in this information to identify your c                        | ase:  |                                    |
|--|---|------------------------------------|
| United States Bankruptcy Court for the:  EASTERN DISTRICT OF TEXAS |   |                                    |
| Case number (if known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

|    |  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|---|
| 1. | Your full name   |  |   |
|    | Write the name that is on your government-issued picture | Allen  |   |
|    | identification (for example,                             | First Name                                     | First Name                                    |
|    | your driver's license or                                 | Dunn   |   |
|    | passport).   | Middle Name                                    | Middle Name                                   |
|    |  | VanLandingham                                  |   |
|    | Bring your picture identification to your meeting        | Last Name                                      | Last Name                                     |
|    | with the trustee.  | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
| 2. | All other names you                                      |  |   |
|    | have used in the last 8 years Include your married or    | First Name                                     | First Name                                    |
|    |  | Middle Name                                    | Middle Name                                   |
|    | maiden names.  | Last Name                                      | Last Name                                     |
| 3. | Only the last 4 digits of your Social Security           | xxx - xx - <u>7</u> <u>6</u> <u>6</u> <u>6</u> | xxx - xx                                      |
|    | number or federal<br>Individual Taxpayer                 | OR   | OR  |
|    | Identification number (ITIN)                             | 9xx - xx                                       | 9xx - xx                                      |

| Debtor 1 Allen Dunn VanLa |  | ndingham   | Case number (if known)   |  |
|---------------------------|--|--|--|--|
|                           |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |  |
| 4.                        | Any business names<br>and Employer<br>Identification Numbers | ✓ I have not used any business names or El   | Ns.  |  |
|                           | (EIN) you have used in the last 8 years                      | Business name  | Business name  |  |
|                           | Include trade names and doing business as names              | Business name  | Business name  |  |
|                           | J  | Business name  | Business name  |  |
|                           |  | EIN  | EIN  |  |
|                           |  | EIN  | EIN  |  |
| 5.                        | Where you live   |  | If Debtor 2 lives at a different address:  |  |
|                           |  | 4706 George Owens Road #62  Number Street  | Number Street  |  |
|                           |  |  |  |  |
|                           |  | Ponder TX 76259  | _  |  |
|                           |  | City State ZIP Code  | City State ZIP Code  |  |
|                           |  | Denton   |  |  |
|                           |  | County   | County   |  |
|                           |  | If your mailing address is different from  | If Dobtor 2's mailing address is different   |  |
|                           |  | If your mailing address is different from the one above, fill it in here. Note that the                              | If Debtor 2's mailing address is different<br>from yours, fill it in here. Note that the court<br>will send any notices to you at this mailing |  |
|                           |  | court will send any notices to you at this   |  |  |
|                           |  | mailing address.   | address.   |  |
|                           |  | P.O. Box 476   |  |  |
|                           |  | Number Street  | Number Street  |  |
|                           |  | P.O. Box   | P.O. Box   |  |
|                           |  | Lake Dallas TX 75065   |  |  |
|                           |  | City State ZIP Code  | City State ZIP Code  |  |
| 6.                        | Why you are choosing this district to file for               | Check one:   | Check one:   |  |
|                           | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                           |  |
|                           |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  | I have another reason. Explain. (See 28 U.S.C. § 1408.)  |  |

| Deb | otor 1 Allen Dunn VanLa                         | ndingham               |   | Case number (if known)  |   |  |  |
|-----|---|------------------------|---|---|---|--|--|
| Р   | art 2: Tell the Court                           | About Your             | · Bankruptcy Case   |   |   |  |  |
| 7.  | The chapter of the Bankruptcy Code you          |                        | •   | ach, see Notice Required by 11 U.So the top of page 1 and check the a   | · ,   |  |  |
|     | are choosing to file<br>under                   | ✓ Chap                 | oter 7  |   |   |  |  |
|     |   | ☐ Chap                 | oter 11   |   |   |  |  |
|     |   | ☐ Chap                 | oter 12   |   |   |  |  |
|     |   | ☐ Chap                 | oter 13   |   |   |  |  |
| 8.  | How you will pay the fee                        | court<br>pay v         | t for more details about how yo<br>with cash, cashier's check, or r   | e my petition. Please check with to may pay. Typically, if you are part money order. If your attorney is subtacted a credit card or check with a pre-pr                                   | aying the fee yourself, you may bmitting your payment on your |  |  |
|     |   |                        | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). |   |   |  |  |
|     |   | By la<br>than<br>fee i | w, a judge may, but is not requal 150% of the official poverty ling installments). If you choose  | (You may request this option only if uired to, waive your fee, and may done that applies to your family size a this option, you must fill out the Ap 03B) and file it with your petition. | o so only if your income is less nd you are unable to pay the |  |  |
| 9.  | Have you filed for                              | <b>√</b> No            |   |   |   |  |  |
|     | bankruptcy within the last 8 years?             | ☐ Yes.                 |   |   |   |  |  |
|     | lust o yours.                                   | District               |   | When  | Case number   |  |  |
|     |   | District               |   |   |   |  |  |
|     |   | District _             |   | when  | Case number   |  |  |
|     |   | District _             |   | When  | Case number   |  |  |
| 10. | Are any bankruptcy                              | <b>⋈</b> No            |   | WINT DUT TITLE  |   |  |  |
|     | cases pending or being filed by a spouse who is | Yes.                   |   |   |   |  |  |
|     | not filing this case with                       | —<br>Debtor            |   | Relations   | ship to you   |  |  |
|     | you, or by a business partner, or by an         | District               |   | When  | Case number,  |  |  |
|     | affiliate?                                      | _                      |   | MM / DD / YYYY  |   |  |  |
|     |   | Debtor _               |   | Relations   | ship to you   |  |  |
|     |   | District               |   | When  | Case number,  |  |  |
|     |   |                        |   | MM / DD / YYYY  | if known  |  |  |
| 11. | Do you rent your residence?                     |                        | Go to line 12.  Has your landlord obtained a  | an eviction judgment against you?   |   |  |  |
|     |   |                        | □ No. Go to line 12.  | , 5 5 7   |   |  |  |
|     |   |                        |   | tement About an Eviction Judgments bankruptcy petition.   | t Against You (Form 101A)                                     |  |  |

| Debtor 1 Allen Dunn VanLan |   | /anLanding              | ham                 |   |  | Case number (if known)   |                                 |  |
|----------------------------|---|-------------------------|---------------------|---|--|--|---------------------------------|--|
| Pa                         | art 3: Report Ab  | out Any B               | usine               | sses You Own as                                   | a Sole Propri  | etor   |                                 |  |
| 12.                        | Are you a sole proprio of any full- or part-time business?  | <u> </u>                |                     | Go to Part 4.<br>Name and location of b           | ousiness   |  |                                 |  |
|                            | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. |                         |                     | Name of business, if any  Number Street           |  |  |                                 |  |
|                            |   |                         |                     | Single Asset Rea  Stockbroker (as of              | ness (as defined<br>al Estate (as defin<br>defined in 11 U.S.<br>er (as defined in 1 | in 11 U.S.C. § 101(27A)<br>ed in 11 U.S.C. § 101(5   | •                               | ode                                    |
| 13.                        | Chapter 11 of the Bankruptcy Code and   |                         | n set ap<br>st rece | ppropriate deadlines. If nt balance sheet, staten | you indicate that<br>nent of operations  | now whether you are a syou are a small busines s, cash-flow statement, as procedure in 11 U.S.C. | s debtor, you<br>and federal ir | u must attach your<br>ncome tax return |
|                            | debtor?   | $\overline{\mathbf{V}}$ | No.                 | I am not filing under C                           | hapter 11.   |  |                                 |  |
|                            | For a definition of small business debtor, see  |                         | No.                 | I am filing under Chap the Bankruptcy Code.       | ter 11, but I am N   | OT a small business de   | btor accordin                   | ng to the definition in                |
|                            | 11 U.S.C. § 101(51D).   |                         | Yes.                | I am filing under Chap<br>Bankruptcy Code.        | ter 11 and I am a  | small business debtor a  | according to                    | the definition in the                  |
| Pa                         | art 4: Report If  | You Own o               | r Hav               | e Any Hazardous I                                 | Property or A  | ny Property That N   | leeds Imn                       | nediate Attention                      |
| 14.                        | Do you own or have a property that poses o alleged to pose a thre imminent and identifia  | ris □<br>eat of<br>able | No<br>Yes.          | What is the hazard?                               |  |  |                                 |  |
|                            | hazard to public healt<br>safety? Or do you ow<br>any property that nee<br>immediate attention?   | /n                      |                     | If immediate attention                            | is needed, why is  | it needed?   |                                 |  |
|                            | For example, do you of perishable goods, or livestock that must be a building that needs u repairs?   | fed, or                 |                     | Where is the property                             | ?<br>Number Stree  | et   |                                 |  |
|                            |   |                         |                     |   | City   |  | State                           | ZIP Code                               |

#### Debtor 1 Allen Dunn VanLandingham

Case number (if known)

### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again. **About Debtor 1:** 

You must check one:

✓ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required | to receive | a briefing | about |
|-------------------|------------|------------|-------|
| credit counseling | because o  | of:        |       |

I lncapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

About Debtor 2 (Spouse Only in a Joint Case): You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

# ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

| Debtor 1 Allen Dunn \               |   | Allen Dunn VanLan  | dingh  | am   |       | Case number (if  | Case number (if known) |  |  |
|-------------------------------------|---|--|--|--|-------|--|------------------------|--|--|
| P                                   | Part 6: Answer These Q                                |  |  | ions for Reporting Pu  | ırpos | ses  |                        |  |  |
| 16. What kind of debts do you have? |   | nd of debts do you   | 16a  |  |       | sumer debts? Consumer de imarily for a personal, family,   |                        | re defined in 11 U.S.C. § 101(8) usehold purpose."   |  |
|                                     |   | 16b  | money for a business or investment or through the operation of the business or investment.  No. Go to line 16c.  Yes. Go to line 17. |  |       |  |                        |  |  |
|                                     |   |  |  |  |       |  |                        |  |  |
| 17.                                 | Are you<br>Chapter                                    | r filing under<br>r 7?   |  | No. I am not filing under Chapter 7. Go to line 18.                                |       |  |                        |  |  |
|                                     | any exe<br>exclude<br>adminis<br>are paid<br>availabl | estimate that after empt property is ed and strative expenses d that funds will be e for distribution cured creditors? | $\square$  |  | •     | •  | -                      | xempt property is excluded and to distribute to unsecured creditors?   |  |
| 18.                                 |   | any creditors do<br>imate that you   |  | 1-49<br>50-99<br>100-199<br>200-999  |       | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |                        | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |  |
| 19.                                 |   | uch do you<br>e your assets to<br>h?   |  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million |       | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |                        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |
| 20.                                 |   | uch do you<br>e your liabilities to  |  | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million |       | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million |                        | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |

| Debtor 1 | Allen Dunn VanLa | ındingham  | Case number (if known)  |  |  |  |
|----------|------------------|--|---|--|--|--|
| Part 7:  | Sign Below       |  |   |  |  |  |
| or you   |                  | I have examined this petition, and I declare and correct.  | under penalty of perjury that the information provided is true  |  |  |  |
|          |                  | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. |   |  |  |  |
|          |                  | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).   |   |  |  |  |
|          |                  | I request relief in accordance with the chapt  | er of title 11, United States Code, specified in this petition.   |  |  |  |
|          |                  | •  | cealing property, or obtaining money or property by fraud in It in fines up to \$250,000, or imprisonment for up to 20 years, 3571. |  |  |  |
|          |                  | X /s/ Allen Dunn VanLandingham   | X   |  |  |  |
|          |                  | Allen Dunn VanLandingham, Debtor 1   | Signature of Debtor 2   |  |  |  |
|          |                  | Executed on <u>11/05/2019</u> MM / DD / YYYY   | Executed onMM / DD / YYYY   |  |  |  |

| Debtor 1 | Allen Dunn Vanl andingham |
|----------|---------------------------|
|          |                           |

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Alex Bouthilet               | Date        | 11/05/2019        |
|----------------------------------|-------------|-------------------|
| Signature of Attorney for Debtor |             | MM / DD / YYYY    |
| Alex Bouthilet                   |             |                   |
| Printed name                     |             |                   |
| The Wright Firm, L.L.P.          |             |                   |
| Firm Name                        |             |                   |
| 8150 N. Central Expressway       |             |                   |
| Number Street                    |             |                   |
| Suite 775                        |             |                   |
|                                  |             |                   |
| Dallas                           | TX          | 75206             |
| Dallas<br>City                   | TX<br>State | 75206<br>ZIP Code |
|                                  |             |                   |
| City                             | State       |                   |

| Fill in this infor  | mation to iden  | tify your c  | ase and this filing:   |   |                                      |
|---|---|--|--|---|--------------------------------------|
| Debtor 1  | llen  | Dunn   | VanLandingham  |   |                                      |
| F   | irst Name   | Middle Name  | Last Name  |   |                                      |
| Debtor 2<br>(Spouse, if filing) F                                 | irst Name   | Middle Name  | Last Name  |   |                                      |
| United States Bank  | ruptcy Court for the  | : EASTERN  | DISTRICT OF TEXAS  |   |                                      |
| Case number   |   |  |  | ☐ Chook   | if this is on                        |
| (if known)  |   |  |  | _   | if this is an<br>ed filing           |
| Official Form 1 Schedule A/B                                      | -   |  |  |   | 12/15                                |
| the asset in the cate filing together, both sheet to this form. ( | gory where you th<br>are equally respo<br>On the top of any a | nink it fits bes<br>nsible for su<br>additional pa | s. List an asset only once. If an asset. Be as complete and accurate as poplying correct information. If more ges, write your name and case numb | possible. If two married pe<br>space is needed, attach a s<br>er (if known). Answer eve | ople are<br>separate<br>ry question. |
| -   |   | equitable inte                                     | erest in any residence, building, land   | , or similar property?  |                                      |
| ✓ No. Go to I   | Part 2. e is the property?                                    |  |  |   |                                      |
|   | •   | -  | r all of your entries from Part 1, inclu . Write that number here  | _   | \$0.00                               |
| Part 2: Desc  | ribe Your Vehi  | cles   |  | •   |                                      |
| 3000  |   |  |  |   |                                      |
| -   |   |  | est in any vehicles, whether they are icle, also report it on Schedule G: Exec   | =   | -                                    |
| 3. Cars, vans, truc   | ks, tractors, spor  | t utility vehic                                    | les, motorcycles   |   |                                      |
| □ No<br>▼ Yes   |   |  |  |   |                                      |
| 3.1.  |   | Who  | has an interest in the property?   | Do not deduct secured clai  | •                                    |
| Make:   | Acura   |  | k one.   | amount of any secured clair<br>Creditors Who Have Claim                                 |                                      |
| Model:  | TL  | لخا  | Debtor 1 only<br>Debtor 2 only   | Current value of the  | Current value of the                 |
| Year:<br>Approximate mileage                                      | 2001  | - 🗖 🛚  | Debtor 1 and Debtor 2 only   | entire property?  | portion you own?                     |
| Approximate mileage Other information:                            | . 170,033   | - □ A  | at least one of the debtors and another  | \$1,500.00  | \$1,500.00                           |
| 2001 Acura TL (ap   | prox. 170,695 m   | · —  | Check if this is community property see instructions)  |   |                                      |

| Deb               | otor 1  | Allen Dunn  | VanLandingham   |  | Case number (if known)       |   |
|-------------------|---|---|---|--|------------------------------|---|
| 4.                |   | les: Boats, tra   |   | and other recreational vehicles, other val watercraft, fishing vessels, snowmobiles  |                              |   |
| 200<br>38'<br>(De | del: r: er inform 7 Jayc foot fift ebtor's Add th | nation:  o Designer th wheel residence) e dollar value for pages yo | of the portion you c<br>u have attached for               | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this is community proper (see instructions)  Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this is community proper (see instructions)  Debtor 1 and Debtor 2 only At least one of the debtors and anoth Check if this is community proper (see instructions)  Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Deb | ncluding any                 | ims on Schedule D:  |
| Do                | you owr   | n or have any   | legal or equitable in                                     | terest in any of the following items?  |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.                | Examp No Yes                                      | les: Major app  | nd furnishings bliances, furniture, line See continuation | ens, china, kitchenware<br>n page(s).  |                              | \$395.00  |
| 7.                | □ No  | les: Television music col   | lections; electronic de                                   |  |                              | <u>\$165.00</u>   |
| 8.                | Examp<br>✓ No                                     | stamp, co   | and figurines; painting<br>in, or baseball card c         | gs, prints, or other artwork; books, pictures ollections; other collections, memorabilia,  | •                            | ]   |
| 9.                | Examp  No   | les: Sports, ph<br>canoes ar  | nd kayaks; carpentry                                      | , and other hobby equipment; bicycles, po<br>tools; musical instruments  | ol tables, golf clubs, skis; | ]   |
| 10.               | Firearn Examp No                                  | <b>ns</b><br><i>les:</i> Pistols, rif                               | fles, shotguns, ammu                                      | nition, and related equipment  |                              | ]   |

| 12. Jewelry  Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver  No Yes. Describe  13. Non-farm animals  Examples: Dogs, cats, birds, horses  No Yes. Describe  14. Any other personal and household items you did not already list, including any health aids you did not list  No Yes. Give specific information | Deb | Allen Dunn vanLandingr                                       | Case number (if known)   |   |
|---|-----|--|--|---|
| \$20    Yes, Describe   | 11. | Examples: Everyday clothes, furs, le                         | ather coats, designer wear, shoes, accessories                               |   |
| Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver    No   |     |  |  | \$200.00  |
| Yes. Describe   | 12. | Examples: Everyday jewelry, costum                           | e jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, |   |
| Examples: Dogs, cats, birds, horses    No   |     |  |  | ]   |
| did not list  | 13. | Examples: Dogs, cats, birds, horses  ✓ No                    |  | ]   |
| 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here  | 14. | did not list  ☑ No   | items you did not already list, including any health aids you                | J   |
| Part 4: Describe Your Financial Assets  Do you own or have any legal or equitable interest in any of the following?  Current value of a portion you own?  Current value of a portion you own?  Do not deduct see claims or exemption  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes                         |     |  |  | ]   |
| Do you own or have any legal or equitable interest in any of the following?  Current value of portion you own? Do not deduct see claims or exemption  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes   | 15. |  |  | \$760.00  |
| Do you own or have any legal or equitable interest in any of the following?  Do not deduct sectaims or exemption  16. Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes   | P   | art 4: Describe Your Finance                                 | cial Assets  |   |
| Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  No Yes   | Do  | you own or have any legal or equital                         | ole interest in any of the following?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Yes   | 16. | Examples: Money you have in your w                           | vallet, in your home, in a safe deposit box, and on hand when you file your  |   |
| <ul> <li>Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.</li> <li>□ No</li> <li>☑ Yes</li></ul>   |     |  | Cash:  | ·   |
| Yes   | 17. | Examples: Checking, savings, or oth brokerage houses, and ot |  |   |
|   |     | <b>L</b> V   | Institution name:  |   |
|   |     | 17.1. Checking account:                                      |  | \$0.47  |

| Deb | tor 1 Allen Dunn VanLandingham  | Case number (if known)  |          |
|-----|---|---|----------|
| 18. | Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with broker   | age firms, money market accounts                                |          |
|     | ✓ No  YesInstitution or issuer name:  |   |          |
| 19. | Non-publicly traded stock and interests in incorporate an interest in an LLC, partnership, and joint venture  | ed and unincorporated businesses, including                     |          |
|     | No  Yes. Give specific information about them   | % of ownership:   |          |
| 20. | Government and corporate bonds and other negotiab Negotiable instruments include personal checks, cashier Non-negotiable instruments are those you cannot transfe                       | s' checks, promissory notes, and money orders.                  |          |
|     | No  Yes. Give specific information about them Issuer name:  |   |          |
| 21. | Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(k) profit-sharing plans   | b), thrift savings accounts, or other pension or                |          |
|     | ✓ No  Yes. List each account separately. Type of account: Institut  | ion name:   |          |
| 22. | <b>Security deposits and prepayments</b> Your share of all unused deposits you have made so that <i>Examples</i> : Agreements with landlords, prepaid rent, public companies, or others |   |          |
|     | ✓ No  ☐ Yes  Institution  | name or individual:   |          |
| 23. | Annuities (A contract for a specific periodic payment of  |   |          |
|     | No     ☐ Yes Issuer name and description  | :   |          |
| 24. | Interests in an education IRA, in an account in a quali 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).   | fied ABLE program, or under a qualified state tuition pro       | ogram.   |
|     | ✓ No ☐ Yes Institution name and descrip   | tion. Separately file the records of any interests. 11 U.S.C.   | § 521(c) |
| 25. | Trusts, equitable or future interests in property (other powers exercisable for your benefit  | than anything listed in line 1), and rights or                  |          |
|     | ✓ No ☐ Yes. Give specific information about them  |   |          |
| 26. | Patents, copyrights, trademarks, trade secrets, and or Examples: Internet domain names, websites, proceeds for  |   |          |
|     | ✓ No ☐ Yes. Give specific information about them  |   |          |
| 27. | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, coopera  | tive association holdings, liquor licenses, professional licens | ses      |
|     | ✓ No  ✓ Yes. Give specific  |   |          |
|     | information about them  |   |          |

| Deb | or 1 Allen Dunn VanLandin   | <b>Igham</b> Case number (if  | known)            |   |
|-----|---|---|-------------------|---|
| Mor | ey or property owed to you?   |   |                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to you   |   |                   |   |
|     | □ No  |   |                   |   |
|     | Yes. Give specific information  |   | Federal           | \$0.00  |
|     | about them, including whether you already filed the returns             | \$240 offset by student loan creditor. Amt: \$0.00  | State:            | \$0.00  |
|     | and the tax years   |   | Local:            | \$0.00  |
| 29  | Family support  |   |                   |   |
|     |   | alimony, spousal support, child support, maintenance, divorce sett  | lement, property  | settlement  |
|     | <b>☑</b> No   |   |                   |   |
|     | Yes. Give specific information  | Alir  | nony:             |   |
|     |   | Mai   | intenance:        |   |
|     |   | Sup   | pport:            |   |
|     |   | Div   | orce settlement:  |   |
|     |   | Pro   | perty settlement  |   |
|     |   | ty insurance payments, disability benefits, sick pay, vacation pay, security benefits; unpaid loans you made to someone else    | WUINGIS           |   |
| 31. |   | e insurance; health savings account (HSA); credit, homeowner's, o   | r renter's insura | nce   |
|     | ✓ No  Yes. Name the insurance company of each policy and list its value | Company name: Beneficiary:  | Su                | rrender or refund value:  |
| 32. |   | ue you from someone who has died<br>g trust, expect proceeds from a life insurance policy, or are current<br>e someone has died | ly                |   |
|     | <ul><li>✓ No</li><li>✓ Yes. Give specific information</li></ul>         |   |                   |   |
| 33. | Examples: Accidents, employmen  ✓ No                                    | ether or not you have filed a lawsuit or made a demand for pay t disputes, insurance claims, or rights to sue                   | ment              |   |
|     | Yes. Describe each claim  |   |                   |   |
| 34. | rights to set off claims  | ed claims of every nature, including counterclaims of the debto   | or and            |   |
|     | ✓ No  Yes. Describe each claim  |   |                   |   |
|     | _   |   | ļ                 |   |

| <b>portio</b> Do no  | rrent value of the   |
|--|--|
| Yes. Give specific information    36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here  | Il estate in Part 1  |
| Yes. Give specific information    36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here  | Il estate in Part 1  |
| Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real earlier of the state of the | Il estate in Part 1  |
| 37. Do you own or have any legal or equitable interest in any business-related property?  ☑ No. Go to Part 6. ☐ Yes. Go to line 38.  Curre portice Do no claim  38. Accounts receivable or commissions you already earned ☑ No ☐ Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☑ No   | rrent value of the   |
| No. Go to Part 6.  Yes. Go to line 38.  Curre portic Do no claim.  38. Accounts receivable or commissions you already earned  No Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  |  |
| <ul> <li>Yes. Go to line 38.</li> <li>Curre portion Do not claim.</li> <li>38. Accounts receivable or commissions you already earned</li> <li>✓ No Yes. Describe</li> <li>39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices</li> <li>✓ No</li> </ul>  |  |
| Curre portion Do not claim  38. Accounts receivable or commissions you already earned  ☑ No ☐ Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☑ No  |  |
| 38. Accounts receivable or commissions you already earned  No Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   |  |
| 38. Accounts receivable or commissions you already earned  ✓ No  ☐ Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ✓ No  | rtion you own?<br>not deduct secured<br>ims or exemptions. |
| Yes. Describe  39. Office equipment, furnishings, and supplies  Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  ✓ No   | inis of exemptions.  |
| Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices  No   |  |
|  |  |
| ☐ Yes. Describe  |  |
|  |  |
| 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade  |  |
| ✓ No ☐ Yes. Describe   |  |
|  |  |
| 41. Inventory  |  |
| ✓ No   |  |
| Yes. Describe  |  |
| 42. Interests in partnerships or joint ventures  |  |
| ✓ No ☐ Yes. Describe Name of entity:  % of ownership:  |  |
| 43. Customer lists, mailing lists, or other compilations   |  |
| ✓ No  Yes. <b>Do your lists include personally identifiable information</b> (as defined in 11 U.S.C. § 101(41A))?  |  |
| ☐ No ☐ Yes. Describe   |  |

| Deb | tor 1         | Allen Dunn VanLandingham Case number (if known   | n)   |
|-----|---------------|--|--|
| 44. | Any bu        | siness-related property you did not already list   |  |
|     | ✓ No<br>☐ Yes | s. Give specific information.  |  |
| 45. |               | e dollar value of all of your entries from Part 5, including any entries for pages you have d for Part 5. Write that number here     | → \$0.00   |
| Pa  |               | Describe Any Farm- and Commercial Fishing-Related Property You Own or If you own or have an interest in farmland, list it in Part 1. | Have an Interest In.   |
| 46. | Do you        | own or have any legal or equitable interest in any farm- or commercial fishing-related proper  | rty?   |
|     |               | Go to Part 7.  Go to line 47.  |  |
|     |               |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 47. | Farm a        | n <b>imals</b><br>es: Livestock, poultry, farm-raised fish   |  |
|     | ✓ No          |  |  |
|     | Yes           | 5  |  |
| 48. | Crops         | either growing or harvested  |  |
|     | <b>☑</b> No   |  |  |
|     |               | s. Give specific   |  |
| 49. |               | nd fishing equipment, implements, machinery, fixtures, and tools of trade  |  |
|     | <b>☑</b> No   |  |  |
|     | ☐ Yes         | 5  |  |
| 50. | Farm a        | nd fishing supplies, chemicals, and feed   |  |
|     | <b>☑</b> No   |  |  |
|     | ☐ Yes         | 5  |  |
| 51. | Any far       | m- and commercial fishing-related property you did not already list  |  |
|     | <b>☑</b> No   |  |  |
|     | _             | s. Give specific   |  |
| 52. |               | e dollar value of all of your entries from Part 6, including any entries for pages you have  | \$0.00   |
|     | attache       | d for Part 6. Write that number here   |  |

| Deb | btor 1 Allen Dunn VanLandingham   | Case no                | Case number (if known)       |             |             |  |
|-----|---|------------------------|------------------------------|-------------|-------------|--|
| P   | art 7: Describe All Property You Own or Have an   | Interest in That You I | Did Not List Abo             | ve          |             |  |
| 53. | Do you have other property of any kind you did not already<br>Examples: Season tickets, country club membership | list?                  |                              |             |             |  |
|     | <ul><li>✓ No</li><li>☐ Yes. Give specific information.</li></ul>  |                        |                              | _           |             |  |
| 54. | Add the dollar value of all of your entries from Part 7. Write  | e that number here     |                              | <b>»</b> [  | \$0.00      |  |
| P   | art 8: List the Totals of Each Part of this Form  |                        |                              |             |             |  |
| 55. | Part 1: Total real estate, line 2   |                        |                              | <b>&gt;</b> | \$0.00      |  |
| 56. | Part 2: Total vehicles, line 5  | \$26,500.00            |                              |             |             |  |
| 57. | Part 3: Total personal and household items, line 15   | \$760.00               |                              |             |             |  |
| 58. | Part 4: Total financial assets, line 36   | \$0.47                 |                              |             |             |  |
| 59. | Part 5: Total business-related property, line 45  | \$0.00                 |                              |             |             |  |
| 60. | Part 6: Total farm- and fishing-related property, line 52   | \$0.00                 |                              |             |             |  |
| 61. | Part 7: Total other property not listed, line 54  | +\$0.00                |                              |             |             |  |
| 62. | Total personal property. Add lines 56 through 61  | \$27,260.47            | Copy personal property total | +           | \$27,260.47 |  |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 6   | 2                      |                              |             | \$27,260.47 |  |

| Debtor 1 |                 | Allen Dunn VanLandingham                                  | Case number (if known) |          |
|----------|-----------------|---|------------------------|----------|
| 6.       | Housel          | hold goods and furnishings (details):                     |                        |          |
|          | Couch<br>Poang  | n \$100<br>g chair \$20                                   | _                      | \$120.00 |
|          | Flatwa<br>Cooky | en appliances \$200<br>are \$50<br>vare \$50<br>ware \$25 |                        | \$275.00 |

|                              | Case 19-43053 D                                 | oc 1 Filed 11/06/19       | Entered 11/06/19 14:56:02     | Desc Main Document       | Page 18 of 90                         |    |
|------------------------------|---|---------------------------|-------------------------------|--------------------------|---------------------------------------|----|
|                              |   |                           |                               | _                        |                                       |    |
| Fill in this                 | information to i                                | dentify your case         | :                             |                          |                                       |    |
| Debtor 1                     | Allen   | Dunn                      | VanLandingham                 |                          |                                       |    |
|                              | First Name                                      | Middle Name               | Last Name                     |                          |                                       |    |
| Debtor 2<br>(Spouse, if fili | ng) First Name                                  | Middle Name               | Last Name                     | —                        |                                       |    |
| United States                | Bankruptcy Court for                            | r the: <b>EASTERN DIS</b> | TRICT OF TEXAS                | _  ,                     | ☐ Check if this is an                 |    |
| Case number                  |   |                           |                               | •                        | amended filing                        |    |
| (if known)                   |   |                           |                               |                          |                                       |    |
| Official Fo                  | rm 106C   |                           |                               |                          |                                       |    |
|                              |   | erty You Claim            | as Exempt                     |                          | 04/                                   | 19 |
|                              | От тиот горо                                    | - Tour Grann              | do Exempt                     |                          | <b>V</b> .,                           | _  |
| Be as complete               | and accurate as pos                             | ssible. If two married p  | eople are filing together, bo | th are equally responsib | ole for supplying correct information | ١. |
|                              |   |                           | , ,                           |                          | ty that you claim as exempt. If mo    |    |
| •                            | d, fill out and attach t<br>and case number (it |                           | opies of Part 2: Additional   | Page as necessary. C     | On the top of any additional pages,   |    |
|                              |   | • • •                     | st specify the amount of t    | •                        | , ,                                   |    |
| •                            |   | •                         | tively, you may claim the fo  |                          |                                       |    |

so exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Cl   | aim as Evemnt  |   |  |
|--|--|---|--|
| 1. Which set of exemptions are you claiming?  You are claiming state and federal nonbar You are claiming federal exemptions. 11                        | Check one only, on the contract of the characters of the contracters o | even if your spouse is filing<br>11 U.S.C. § 522(b)(3)                      | with you.  |
| 2. For any property you list on Schedule A/B t   | hat you claim as exen  | npt, fill in the information  | below.   |
| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own   | Amount of the exemption you claim   | Specific laws that allow exemption   |
|  | Copy the value from<br>Schedule A/B  | Check only one box for each exemption                                       |  |
| Brief description:  2001 Acura TL (approx. 170,695 miles)  Line from Schedule A/B:   | \$1,500.00   | \$1,500.00  100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(d)(2)  |
| Brief description: 2007 Jayco Designer 38' foot fifth wheel (Debtor's residence) Line from Schedule A/B: 4.1   | \$25,000.00  | 100% of fair market value, up to any applicable statutory limit             | 11 U.S.C. § 522(d)(1) (Claimed:<br>\$0.00<br>100% of fair market value, up to any<br>applicable statutory limit) |
| 3. Are you claiming a homestead exemption of (Subject to adjustment on 4/01/22 and every 3  ☑ No ☐ Yes. Did you acquire the property covere ☐ No ☐ Yes | years after that for cas   | ses filed on or after the date  | ,  |

04/19

Debtor 1 Allen Dunn VanLandingham Case number (if known)

| Brief description of the property and line on<br>Schedule A/B that lists this property                                | Current value of<br>the portion you<br>own | ount of the<br>mption you claim  | Specific laws that allow exemption |
|---|--|--|------------------------------------|
|   | Copy the value from<br>Schedule A/B        | ck only one box for<br>n exemption   |                                    |
| Brief description:  Couch \$100  Poang chair \$20  Line from Schedule A/B:6   | \$120.00                                   | \$120.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description:  Kitchen appliances \$200  Flatware \$50  Cookware \$50  Silverware \$25  Line from Schedule A/B:6 | \$275.00                                   | \$275.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description: Television \$25.00 Laptop \$100.00 Cell phone \$25.00 Tablet \$15.00 Line from Schedule A/B:7      | \$165.00                                   | \$165.00 100% of fair market value, up to any applicable statutory limit             | 11 U.S.C. § 522(d)(3)              |
| Brief description:  Clothing  Line from Schedule A/B:11   | \$200.00                                   | \$200.00<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit | 11 U.S.C. § 522(d)(3)              |
| Brief description: Checking account No. 9727 Wells Fargo Bank Line from Schedule A/B: 17.1                            | \$0.47                                     | \$0.47<br>100% of fair market<br>value, up to any<br>applicable statutory<br>limit   | 11 U.S.C. § 522(d)(5)              |
| Brief description: 2018 Tax Refund \$240 offset by student loan creditor Line from Schedule A/B:28                    | \$0.00                                     | \$0.00 100% of fair market value, up to any applicable statutory limit               | 11 U.S.C. § 522(d)(5)              |

| Fill in this inf   | ormation to id  | lentify your case:   |  |                         |   |       |
|--|---|--|--|-------------------------|---|-------|
| Debtor 1   | Allen   | Dunn   | VanLandinghan  | 1                       |   |       |
|  | First Name  | Middle Name  | Last Name  |                         |   |       |
| Debtor 2<br>(Spouse, if filing)  | First Name  | Middle Name  | Last Name  |                         |   |       |
| United States Bar  | nkruptcy Court for  | the: EASTERN DIST  | TRICT OF TEXAS   |                         |   |       |
| Case number<br>(if known)  |   |  |  |                         | Check if this is amended filing   |       |
| Official Form  | 106D  |  |  |                         |   |       |
| Schedule D:  | Creditors   | Who Have Clai  | ms Secured by  | v Property              |   | 12/15 |
| On the top of any  1. Do any credit  □ No. Che □ Yes. Fill  Part 1: Lis  2. List all secure claim, list the creditor has a | additional pages fors have claims ck this box and su in all of the inform t All Secured ed claims. If a cr creditor separately particular claim, I ible, list the claim | write your name and secured by your propulation this form to the contaction below. | erty?  ourt with your other sch  ne secured re than one n Part 2. As | wn).                    | ces, and attach it to thing else to report on the Column B Value of collateral that supports this claim |       |
| 2.1  |   | Describe the   | property that  | <b>\$05,000,00</b>      | <b>\$25,000,00</b>  |       |
| Trinity Finance (  | Co  | secures the c  |  | \$25,000.00             | \$25,000.00   |       |
| Creditor's name PO Box 422415 Number Street  | <u> </u>  | 2007 Jayco<br>wheel) - 38'   | Designer (fifth  |                         |   |       |
|  |   | As of the date   | you file, the claim is   | : Check all that apply. |   |       |
| Fort Worth   | TX 76121<br>State ZIP Code  | Contingen  | t  | Conson an anat appry.   |   |       |
| Who owes the deb   | ot? Check one.  | <b>—</b> ·   | . Check all that apply.  |                         |   |       |
| Debtor 1 only  |   |  | nent you made (such a  |                         | car loan)   |       |
| ☐ Debtor 2 only ☐ Debtor 1 and D   | Aphtor 2 only   | _  | ien (such as tax lien, m   | nechanic's lien)        |   |       |
|  | the debtors and a   | nother $\Box$  | lien from a lawsuit  |                         |   |       |
| Check if this c  | laim relates  | Other (inc<br>Purchase   | luding a right to offset)  e Money                                   |                         |   |       |
| Date debt was inc  | •   | Last 4 digits o  | of account number  |                         |   |       |
|  |   |  |  |                         |   |       |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$25,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$25,000.00

| Fill in this inf   | ormation to id   | dentify your ca   | ase:  |  |                             |                              |                                 |
|--|--|---|---|--|-----------------------------|------------------------------|---------------------------------|
| Debtor 1   | Allen<br>First Name  | <b>Dunn</b><br>Middle Name                                    | VanLandingham<br>Last Name  | _  |                             |                              |                                 |
| Dahtar 2   | i iist ivaille   | Wildule Name  | Lastinaille   |  |                             |                              |                                 |
| Debtor 2<br>(Spouse, if filing)  | First Name   | Middle Name   | Last Name   |  |                             |                              |                                 |
| United States Bar  | nkruptcy Court for   | the: <b>EASTERN</b>   | DISTRICT OF TEXAS   |  |                             |                              |                                 |
| Case number (if known)   |  |   |   |  | _                           | Check if this amended filing |                                 |
| Official Form  | 106E/F   |   |   |  |                             |                              |                                 |
| Schedule E/  | F: Creditor  | s Who Have  | Unsecured Claims  |  |                             |                              | 12/15                           |
| Do not include an If more space is n to this page. On t                      | y creditors with peeded, copy the he top of any add  | partially secured<br>Part you need, fil<br>ditional pages, w  | and on Schedule G: Executory claims that are listed in Sche II it out, number the entries in rite your name and case numlecured Claims            | dule D: Creditors<br>the boxes on the        | Who Hold                    | l Claims Sec                 | cured by Property.              |
|  |  | unsecured claim   |   |  |                             |                              |                                 |
| No. Go t   |  | unscoured ciam  | is against you:   |  |                             |                              |                                 |
| Yes.   |  |   |   |  |                             |                              |                                 |
| claim. For ear<br>show both price<br>more space is                           | ch claim listed, ide<br>ority and nonpriori  | entify what type of<br>ty amounts. As m<br>ty unsecured clain | creditor has more than one prior<br>claim it is. If a claim has both p<br>uch as possible, list the claims<br>ns, fill out the Continuation Page  | oriority and nonprior<br>in alphabetical ord | ority amour<br>der accordii | nts, list that c             | claim here and ditor's name. If |
| (For an explar   | nation of each type  | e of claim, see the   | instructions for this form in the   |  |                             |                              | _                               |
|  |  |   |   | Total cla                                    |                             | Priority<br>amount           | Nonpriority amount              |
| 2.1  |  |   |   |  |                             | imount                       | umount                          |
| Priority Creditor's Nam  | e  |   | Last 4 digits of account num  | ber  |                             |                              | _                               |
| Number Street  |  |   | When was the debt incurred  | ?  |                             |                              |                                 |
| City   | State  | ZIP Code  | As of the date you file, the cl Contingent Unliquidated Disputed  | aim is: Check all                            | that apply.                 |                              |                                 |
| Who incurred the  Debtor 1 only Debtor 2 only Debtor 1 and D At least one of | debt? Check of the control of the debtors and a claim is for a control of the control of the check of the control of the check of the c | another   | Type of PRIORITY unsecured  Domestic support obligation  Taxes and certain other decent of Claims for death or person intoxicated  Other. Specify | ons<br>ebts you owe the g                    |                             |                              |                                 |

| Debtor 1  | Allen Dunn VanLandingham   | Case number (if known)  |               |
|---|--|---|---------------|
| Part 2:   | List All of Your NONPRIORIT  | Y Unsecured Claims  |               |
| ☐ <sup>↑</sup>  | es   | I claims against you?  . Submit this form to the court with your other schedules.  in the alphabetical order of the creditor who holds each claim.  cured claim, list the creditor separately for each claim. For each claim listed,  | identify what |
|   |  | luded in Part 1. If more than one creditor holds a particular claim, list the oth unsecured claims, fill out the Continuation Page of Part 2.   |               |
| 4.1   |  |   | Total claim   |
| AES/PHE Nonpriority C Attn: Ban Number PO Box 2  Harrisbui City Who incur Debtor Debtor At leas Check | Creditor's Name nkruptcy Street 2461  Tg PA 17105 State ZIP Code Cred the debt? Check one.     | Last 4 digits of account number 3 5 7 0  When was the debt incurred? 02/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Charge Account | \$358.00      |
| Blooming City Who incur Debtor Debtor At leas   | Creditor's Name K Drive Street 3517  Gton IL 61702-3517 State ZIP Code Cred the debt? T 1 only | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for - AT&T U-Verse  | \$401.55      |

| Allen Dunn vanLandingnam  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page. | m sequentially from the  | Total claim |
| 4.3   |  | \$1,469.39  |
| AFNI, Inc.  | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?  |             |
| 1310 MLK Drive Number Street                                      | As of the date you file, the claim is: Check all that apply.                   |             |
| P.O. Box 3517   | _ ☐ Contingent   |             |
|   | Unliquidated   |             |
| Bloomington IL 61702-3517   | Disputed   |             |
| Bloomington IL 61702-3517 City State ZIP Code                     | Turns of NONDRIORITY unacquired eleims   |             |
| Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce |             |
| Debtor 2 only   | that you did not report as priority claims                                     |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts              |             |
| At least one of the debtors and another                           | Other. Specify   |             |
| ☐ Check if this claim is for a community debt                     | Collecting for - Sprint  |             |
| Is the claim subject to offset?                                   |  |             |
| ☑ No  |  |             |
| Yes   |  |             |
| 4.4   |  | \$85.00     |
| All Star Orthopaedics   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name 400 W LBJ Freeway                     | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                   |             |
| Ste 330   | _ Contingent   |             |
|   | □ Unliquidated □ □ Disputed  |             |
| Irving TX 75063   |  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans  |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce                   |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims                                     |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts              |             |
| ☐ Check if this claim is for a community debt                     |  |             |
| Is the claim subject to offset?                                   | modiful  |             |
| No No   |  |             |
| Yes   |  |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.             | m sequentially from the  | Total claim |
| 4.5   |  | \$1,252.00  |
| All Star Orthopaedics   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name 400 W LBJ Freeway                                 | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
| Ste 330   | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent                              |             |
|   | — ☐ Disputed   |             |
| Irving         TX         75063           City         State         ZIP Code |  |             |
| Who incurred the debt? Check one.   | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce       |             |
| Debtor 2 only   | that you did not report as priority claims   |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another           | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| ☐ Check if this claim is for a community debt                                 | ✓ Other. Specify  Medical  |             |
| Is the claim subject to offset?   | modical  |             |
| ☑ No  |  |             |
| Yes   |  |             |
| 4.6   |  | £44.00      |
| American Radiology Consultants  | Last 4 digits of account number  | \$41.00     |
| Nonpriority Creditor's Name   | When was the debt incurred?  |             |
| P.O. Box 780 Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
| Number Sueet  | _ ☐ Contingent   |             |
|   | Unliquidated   |             |
| Longmont CO 80502-0780  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.   | Student loans  |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims   |             |
| At least one of the debtors and another                                       | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                                 | Medical  |             |
| Is the claim subject to offset?   |  |             |
| No Yes  |  |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.7   |   | \$475.00    |
| Baylor University Medical Center                                  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| P.O. Box 842022<br>Number Street                                  | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Dallas TX 75284   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Medical   |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No  |   |             |
| Yes   |   |             |
| 4.8   |   | \$343.54    |
| Charter Communications  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| P.O. Box 790261<br>Number Street                                  | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ ☐ Contingent  |             |
|   | Unliquidated  |             |
| Saint Louis MO 63179-0261   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| Check if this claim is for a community debt                       | Non-Purchase Money  |             |
| Is the claim subject to offset?                                   | •   |             |
| <b>☑</b> No   |   |             |
| Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham  | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                  | m sequentially from the   | Total claim |
| 4.9  |   | \$4,293.00  |
| CIG Financial  | Last 4 digits of account number1393_  |             |
| Nonpriority Creditor's Name Attn: Bankruptcy Dept                                  | When was the debt incurred? 04/2013   |             |
| Number Street PO Box 19795   | As of the date you file, the claim is: Check all that apply.  |             |
| FO BOX 19793   | ☐ Contingent ☐ Unliquidated   |             |
| Irvine CA 92623  | — Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only                                   | Student loans   |             |
| Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  At least one of the debtors and another                | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt  | ✓ Other. Specify  Automobile  |             |
| Is the claim subject to offset?  | Automobile  |             |
| ☑ No   |   |             |
| Yes  |   |             |
| 4.10   |   | \$130.00    |
| City of San Antonio  | Last 4 digits of account number   | •           |
| Nonpriority Creditor's Name P.O. Box 158   | When was the debt incurred?   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  |   |             |
|  | Disputed  |             |
| San Antonio         TX         78291           City         State         ZIP Code |   |             |
| Who incurred the debt? Check one.  | Student loans   |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |             |
| At least one of the debtors and another  | Other. Specify  |             |
| Check if this claim is for a community debt  | Medical   |             |
| Is the claim subject to offset?  No  |   |             |
| ✓ No<br>✓ Yes  |   |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.                   | em sequentially from the  | Total claim |
| 4.11  |   | \$205.00    |
| CMRE Financial Services   | Last 4 digits of account number 2 7 8 9   |             |
| Nonpriority Creditor's Name   | When was the debt incurred? 09/2018   |             |
| Attn: Bankruptcy Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
| 3075 E. Imperial Hwy, Suite 200   | _ Contingent  |             |
|   | Unliquidated  |             |
| Brea CA 92821   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another   | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                                       | Collecting for - Texas Radiology Associates   |             |
| Is the claim subject to offset?   | -   |             |
| ☑ No  |   |             |
| ☐ Yes   |   |             |
| 4.12  |   | \$55.00     |
| Comprehensive Orthopaedic   | Last 4 digits of account number   | Ψ33.00      |
| Nonpriority Creditor's Name   | When was the debt incurred?   |             |
| P.O. Box 14000  |   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent  |             |
|   | Unliquidated  |             |
| Politost ME 0404E 4022  | Disputed  |             |
| Belfast         ME         04915-4033           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.   | Student loans   |             |
| Debtor 1 only   | ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| Check if this claim is for a community debt   | ✓ Other. Specify  Medical  Medical |             |
| Is the claim subject to offset?   | WEUICAI   |             |
| No  |   |             |
| ☐ Yes   |   |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.13  |   | \$114.00    |
| Comprehensive Orthopaedic   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name P.O. Box 14000                        | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Belfast ME 04915-4033   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                     |   |             |
| Is the claim subject to offset?                                   | medical   |             |
| <b>∀</b> No   |   |             |
| Yes   |   |             |
| 4.14  |   | *           |
|   |   | \$321.00    |
| CPS Energy Nonpriority Creditor's Name                            | Last 4 digits of account number   |             |
| P.O. Box 2678   | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | □ Contingent     □ Unliquidated   |             |
|   | — ☐ Disputed  |             |
| San Antonio TX 78289  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                       | Non-Purchase Money  |             |
| Is the claim subject to offset?                                   |   |             |
| ✓ No<br>☐ Yes   |   |             |
| □ '~~   |   |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.15  |   | \$4,466.58  |
| Credit Adjustments, Inc.  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| P.O. Box 5640<br>Number Street                                    | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Manchester NH 03108   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| ☐ Check if this claim is for a community debt                     |   |             |
| Is the claim subject to offset?                                   | Non-i dichase money   |             |
| ₩ No  |   |             |
| Yes   |   |             |
| 4.16  |   |             |
|   |   | \$179.00    |
| Credit Collection Service Nonpriority Creditor's Name             | Last 4 digits of account number   |             |
| 725 Canton Street   | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Nordwood MA 02062   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Collecting for - Allstate   |             |
| Is the claim subject to offset?                                   |   |             |
| No No   |   |             |
| Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham  | Case number (if known)   |             |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.  | em sequentially from the   | Total claim |
| 4.17   |  | \$1,262.00  |
| Credit First National Association Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 81315  | Last 4 digits of account number 4 3 4 9  When was the debt incurred? 04/02/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |             |
| Cleveland OH 44181   | Disputed   |             |
| City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Charge Account        |             |
| 4.18   |  | \$0.00      |
| Credit Management, LP  | Last 4 digits of account number  | · ·         |
| Nonpriority Creditor's Name 6080 Tennyson Parkway, Ste 100   | When was the debt incurred?  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
| Plano TX 75024   | Contingent Unliquidated Disputed   |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes                    | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Collecting for - NTTA |             |

| Debtor 1  | Allen Dunn VanLandingham                       | Case number (if known)  |             |
|---|--|---|-------------|
| Part 2:   | Your NONPRIORITY Unsecu                        | red Claims Continuation Page  |             |
| After listin  | ng any entries on this page, number the page.  | m sequentially from the   | Total claim |
| 4.19  |  |   | \$312.00    |
|   | Street   | Last 4 digits of account number 4 9 9 6  When was the debt incurred? 09/2018  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated   | <u> </u>    |
| Arlington   | TX 76004                                       | Disputed  |             |
| City Who incur Debtor Debtor Debtor At leas Check   | State ZIP Code red the debt? Check one. 1 only | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for - ProPath Associates       |             |
| Yes   |  |   |             |
| 4.20  |  |   | \$194.00    |
| Datasearch Inc Nonpriority Creditor's Name Atten: Bankruptcy Dept Number Street 85 NE Interstate Loop 410 Ste 575 |  | Last 4 digits of account number 3 2 6 5  When was the debt incurred? 12/2013  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |             |
| San Anto  |  | □ Disputed  |             |
| Debtor Debtor Debtor Debtor At leas Check   |  | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Collecting for - SO TX Radiology Group |             |

| Debtor 1 Allen Dunn VanLandingham                                 | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.21  |   | \$279.00    |
| ERC/Enhanced Recovery Corp  | _ Last 4 digits of account number _4_ 4_ 6_ 1_  |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 12/2015   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 8014 Bayberry Road  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent ☐ Unliquidated ☐ Contingent ☐ Unliquidated ☐ Contingent ☐ Con |             |
|   | — ☐ Disputed  |             |
| Jacksonville FL 32256 City State ZIP Code                         | Turns of NONDRIGHTY unressumed alaims   |             |
| Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:  Student loans   |             |
| Debtor 1 only   | ☐ Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |             |
| Check if this claim is for a community debt                       | Collecting for - AT&T Wireline  |             |
| Is the claim subject to offset?                                   | •   |             |
| No You  |   |             |
| Yes   |   |             |
| 4.22  |   | \$10,673.00 |
| FedLoan Servicing   | Last 4 digits of account number0002_  |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 07/2010   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent ☐ Unliquidated ☐ Contingent ☐ Unliquidated ☐ Contingent ☐ Con |             |
|   | — ☐ Disputed  |             |
| Harrisburg PA 17106 City State ZIP Code                           |   |             |
| Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   |   |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |             |
| Check if this claim is for a community debt                       | U опет. эреспу  |             |
| Is the claim subject to offset?                                   |   |             |
| ✓ No<br>Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | em sequentially from the  | Total claim |
| 4.23  |   | \$10,232.00 |
| FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184   | Last 4 digits of account number 0 0 0 5  When was the debt incurred? 04/2011  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  |             |
| Harrisburg PA 17106   | — Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  4.24  FedLoan Servicing  Nonpriority Creditor's Name  Attn: Bankruptcy | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number 0 0 0 7 When was the debt incurred? 11/2011 | \$6,105.00  |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 69184  | Contingent Unliquidated   |             |
| Harrisburg PA 17106   | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?   | Type of NONPRIORITY unsecured claim:  ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |             |
| ✓ No<br>☐ Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.   | em sequentially from the   | Total claim |
| 4.25  |  | \$5,968.00  |
| FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184   | Last 4 digits of account number 0 0 0 4  When was the debt incurred? 04/2011  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed   |             |
| Harrisburg PA 17106  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?              | Type of NONPRIORITY unsecured claim:  ☑ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| V No Yes  4.26  FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street  | Last 4 digits of account number 0 0 0 1  When was the debt incurred? 07/2010   | \$4,642.00  |
| Number Street PO Box 69184  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated  |             |
| Harrisburg PA 17106  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes | Type of NONPRIORITY unsecured claim:  ✓ Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify    |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | em sequentially from the  | Total claim |
| 4.27  |   | \$3,602.00  |
| FedLoan Servicing Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 69184   | Last 4 digits of account number 0 0 0 6  When was the debt incurred? 11/2011  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed  |             |
| Harrisburg PA 17106   | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  4.28  FedLoan Servicing  Nonpriority Creditor's Name | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Last 4 digits of account number 0 0 0 8  When was the debt incurred? 05/2012 | \$3,222.00  |
| Attn: Bankruptcy  |   |             |
| Number Street PO Box 69184  | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |             |
| Harrisburg PA 17106   | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No   | Type of NONPRIORITY unsecured claim:  ☑ Student loans  ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts  ☐ Other. Specify   |             |
| Yes   |   |             |

| Allen Dunn vanLandingnam   | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.  | em sequentially from the  | Total claim |
| 4.29   |   | \$380.00    |
| Fingerhut Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 1250   | Last 4 digits of account number 2 2 0 1  When was the debt incurred? 04/19/2011  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated  |             |
| Saint Cloud MN 56395   | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes                    | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Charge Account                        |             |
| 4.30   |   | \$449.00    |
| IC System, Inc Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 64378   | Last 4 digits of account number 3 0 3 0 When was the debt incurred? 04/18/2017  As of the date you file, the claim is: Check all that apply.  Unliquidated  |             |
| Saint Paul MN 55164  | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ☐ Yes | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Collecting for - 11 ATT UVerse |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.31  |   | \$401.00    |
| IC System, Inc  | _ Last 4 digits of account number _1_ 0_ 0_ 1_  | •           |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 03/2015   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 64378  | _ Contingent  |             |
|   | Unliquidated  |             |
| Saint Paul MN 55164   | ─   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |             |
| Check if this claim is for a community debt                       | ✓ Other. Specify  Collecting for - ATT U-verse  |             |
| Is the claim subject to offset?                                   | <b>3</b>  |             |
| ☑ No  |   |             |
| ☐ Yes   |   |             |
| 4.32  |   | 400-00      |
|   | Last A Batta of account number 0 0 0 5  | \$227.00    |
| IC System, Inc Nonpriority Creditor's Name                        | _ Last 4 digits of account number 3 9 5   |             |
| Attn: Bankruptcy  | When was the debt incurred? 02/2017   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| PO Box 64378  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |             |
|   | — ☐ Disputed  |             |
| Saint Paul MN 55164   |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans  Obligations sticks out of a constation agreement or diverse  |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                       | Collecting for - Banfield Pet Hospital  |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No<br>□ Yes   |   |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page                                      |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.33  |   | \$52.65     |
| Intuit Inc.   | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?                                       |             |
| 5601 Headquarters Dr. Number Street                               | As of the date you file, the claim is: Check all that apply.      |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated  |             |
| Plano TX 75024  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  |             |
| Is the claim subject to offset?                                   | Services  |             |
| No No   |   |             |
| Yes   |   |             |
|   |   |             |
| 4.34  |   | \$249.00    |
| Just Energy   | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name P.O. Box 650518                       | When was the debt incurred?                                       |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Dallas TX 75265-0518  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| ☐ Check if this claim is for a community debt                     |   |             |
| Is the claim subject to offset?                                   | iton i dividuo money  |             |
| No No   |   |             |
| Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsec  | ured Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.   | nem sequentially from the   | Total claim |
| 4.35  |   | \$49.00     |
| LA Fitness  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name P.O. Box 54170  | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |             |
| Irvine CA 92612   | — Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Non-Purchase Money |             |
| 4.36  |   | \$0.00      |
| Nonpriority Creditor's Name   | Last 4 digits of account number<br>When was the debt incurred?  |             |
| P.O. Box 2240   | As of the date you file, the claim is: Check all that apply.  |             |
| Number Street   | — ☐ Contingent ☐ Unliquidated ☐ Disputed  |             |
| Burlington NC 27216-2240 City State ZIP Code  |   |             |
| Who incurred the debt? Check one.  ✓ Debtor 1 only  ☐ Debtor 2 only  ☐ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another  ☐ Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  ✓ Yes   | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  Medical       |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page                                      |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.37  |   | Unknown     |
| Livingston Hearing Aid Center                                     | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?                                       |             |
| 11661 Preston Rd, #131 Number Street                              | As of the date you file, the claim is: Check all that apply.      |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Dallas TX 75230   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| Check if this claim is for a community debt                       | Other. Specify  |             |
| Is the claim subject to offset?                                   | Non-Purchase Money  |             |
| No No   |   |             |
| Yes   |   |             |
|   |   |             |
| 4.38  |   | \$5,400.00  |
| Medical City Lewisville   | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name P.O. Box 740782                       | When was the debt incurred?                                       |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Cincinnati OH 45274   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  Medical   |             |
| Is the claim subject to offset?                                   | modiodi   |             |
| No No   |   |             |
| Yes   |   |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.39  |   | \$2,051.00  |
| Medical City Lewisville   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name P.O. Box 740782                       | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | Unliquidated  |             |
| Cincinnati OH 45274   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another                           | Other. Specify  |             |
| ☐ Check if this claim is for a community debt                     | Medical   |             |
| Is the claim subject to offset?                                   |   |             |
| ☑ No  |   |             |
| Yes   |   |             |
| 4.40  |   | \$5,324.00  |
| Medicredit, Inc.  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?   |             |
| P.O. Box 1629 Number Street                                       | As of the date you file, the claim is: Check all that apply.  |             |
| Maryland Heights, M 63043-0629O                                   | _ Contingent  |             |
|   | Unliquidated  |             |
|   | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans   |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims  |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                          |             |
| Check if this claim is for a community debt                       | Collecting for - Medical City Lewisville  |             |
| Is the claim subject to offset?                                   | ,   |             |
| ☑ No  |   |             |
| Yes   |   |             |

| Debtor 1 Allen Dunn VanLandingham  | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.            | m sequentially from the   | Total claim |
| 4.41   |   | \$673.00    |
| Midas Auto Service Experts   | Last 4 digits of account number   | ·           |
| Nonpriority Creditor's Name 9412 Perrin Beitel                               | When was the debt incurred?   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.  |             |
|  | ☐ Contingent ☐ Unliquidated ☐ Unliquidated ☐ Contingent   |             |
| San Antonio TX 78217   | Disputed  |             |
| City State ZIP Code  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  ☐ Debtor 1 only                           | Student loans   |             |
| Debtor 1 only  Debtor 2 only   | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                   |             |
| At least one of the debtors and another                                      | ✓ Other. Specify  |             |
| Check if this claim is for a community debt                                  | Non-Purchase Money  |             |
| Is the claim subject to offset?  No  |   |             |
| ✓ No<br>Yes  |   |             |
|  |   |             |
| 4.42   | Lock A divite of account number. F. C. A. A.  | \$768.00    |
| Midland Funding Nonpriority Creditor's Name                                  | Last 4 digits of account number 5 6 1 4   |             |
| 2365 Northside Dr Ste 300 Number Street                                      | When was the debt incurred? 04/30/2014  As of the date you file, the claim is: Check all that apply.                            |             |
| Number Street  | _ Contingent  |             |
|  | Unliquidated  |             |
| San Diego CA 92108   | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.                       | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only  | Student loans   |             |
| Debtor 2 only  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only   | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                                      | Other. Specify  |             |
| Check if this claim is for a community debt  Is the claim subject to offset? | Collecting for - GE Capital Retain Bank   |             |
| No   |   |             |
| Yes  |   |             |

| Debtor 1 Allen Dunn VanLandingham  | Case number (if known)   |             |
|--|--|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page.                | em sequentially from the   | Total claim |
| 4.43   |  | \$449.00    |
| Midland Funding  | Last 4 digits of account number 3 2 0 7  |             |
| Nonpriority Creditor's Name 2365 Northside Dr Ste 300                            | When was the debt incurred? 08/30/2013   |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  |  |             |
| On Diam. OA 00400  | Disputed   |             |
| San Diego         CA         92108           City         State         ZIP Code | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  | Student loans  |             |
| Debtor 1 only Debtor 2 only  | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                                    | Collecting for - Webbank   |             |
| Is the claim subject to offset?  |  |             |
| ✓ No<br>☐ Yes  |  |             |
|  |  |             |
| 4.44   |  | \$500.00    |
| NPRTO Texas, LLC   | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name 256 West Data Drive                                  | When was the debt incurred?  |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.                         |             |
|  |  |             |
|  | — ☐ Disputed   |             |
| Draper         UT         84020           Citv         State         ZIP Code    | Type of NONDDIODITY unaccounted eleims   |             |
| Who incurred the debt? Check one.  | Type of NONPRIORITY unsecured claim:  Student loans                                  |             |
| Debtor 1 only  | ☐ Obligations arising out of a separation agreement or divorce                       |             |
| Debtor 2 only Debtor 1 and Debtor 2 only   | that you did not report as priority claims   |             |
| At least one of the debtors and another  | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                                      | ✓ Other. Specify  Servicing for Progressive Leasing                                  |             |
| Is the claim subject to offset?  | 3  |             |
| ☑ No<br>□ Yes  |  |             |

| Debtor 1 Allen Dunn VanLandingham                                 | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page. | m sequentially from the   | Total claim |
| 4.45  |   | \$0.00      |
| NTTA  | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name 5900 W. Plano Parkway                 | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | _ Contingent  |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Plano TX 75093  | Disputed  |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                       | Tolls   |             |
| Is the claim subject to offset?  ✓ No                             |   |             |
| ✓ No ☐ Yes  |   |             |
|   |   |             |
| 4.46  |   | \$512.00    |
| Portfolio Recovery  | Last 4 digits of account number1608_  |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 11/2014   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
| 120 Corporate Blvd  | _ Contingent  |             |
|   | ☐ Unliquidated<br>☐ ☐ Disputed  |             |
| Norfold VA 23502  |   |             |
| City State ZIP Code  Who incurred the debt? Check one.            | Type of NONPRIORITY unsecured claim:  |             |
| Debtor 1 only   | Student loans   |             |
| Debtor 2 only   | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |             |
| Debtor 1 and Debtor 2 only  | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another                           | ☑ Other. Specify  |             |
| Check if this claim is for a community debt                       | Collecting for - Capital One Bank   |             |
| Is the claim subject to offset?  ✓ No                             |   |             |
| ✓ No<br>☐ Yes   |   |             |
| Original Creditor Name: CAPITAL ONE BAN                           | K USA N.A.  |             |
| Collection  | <del></del>   |             |
| DISPUTE RESOLVED-CONSUMER DISAGRE                                 | EES   |             |

| Allen Dunn vanLandingnam  | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page                                      |             |
| After listing any entries on this page, number the previous page. | em sequentially from the  | Total claim |
| 4.47  |   | \$167.00    |
| Portfolio Recovery  | Last 4 digits of account number 1 2 9 3                           |             |
| Nonpriority Creditor's Name Attn: Bankruptcy                      | When was the debt incurred? 01/2015                               |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.      |             |
| 120 Corporate Blvd  | Contingent  |             |
|   | Unliquidated  |             |
| Norfold VA 23502  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
| Check if this claim is for a community debt                       | Other. Specify  |             |
|   | Collecting for - Capital One Bank USA                             |             |
| Is the claim subject to offset?  No                               |   |             |
| ☐ Yes   |   |             |
|   |   |             |
| 4.48  |   | \$313.00    |
| ProPath Associates  | Last 4 digits of account number                                   |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?                                       |             |
| P.O. Box 660811  Number Street                                    | As of the date you file, the claim is: Check all that apply.      |             |
|   | ☐ Contingent  |             |
|   | Unliquidated  |             |
| Dallas TX 75266-0811  | Disputed  |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:                              |             |
| Who incurred the debt? Check one.                                 | Student loans   |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce      |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims                        |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts |             |
|   | Other. Specify  |             |
| Check if this claim is for a community debt                       | Non-Purchase Money  |             |
| Is the claim subject to offset?  No                               |   |             |
| Yes   |   |             |

| Allen Dunn vanLandingnam  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page. | m sequentially from the  | Total claim |
| 4.49  |  | \$1,378.00  |
| Questcare Hospitalists, PLLC                                      | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name                                       | When was the debt incurred?  |             |
| P.O. Box 99086<br>Number Street                                   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | _ ☐ Contingent   |             |
|   | Unliquidated   |             |
| Las Vegas NV 89193-9085   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                       | ✓ Other. Specify   |             |
| Is the claim subject to offset?                                   | Medical  |             |
| No No   |  |             |
| Yes   |  |             |
| <u> </u>  |  |             |
| 4.50  |  | \$231.00    |
| Questcare Medical Services, PLLC                                  | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name P.O. Box 99082                        | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | _ Contingent   |             |
|   | Unliquidated   |             |
| Las Vegas NV 89193  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | ☐ Student loans  |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  Medical  |             |
| Is the claim subject to offset?                                   |  |             |
| No No   |  |             |
| Yes   |  |             |

| Debtor 1 Allen Dunn VanLandingham   | Case number (if known)  |             |
|---|---|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.   | em sequentially from the  | Total claim |
| 4.51  |   | \$1,378.00  |
| Radius Global Solutions   | Last 4 digits of account number   |             |
| Nonpriority Creditor's Name P.O. Box 390905   | When was the debt incurred?   |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.  |             |
|   | ☐ Contingent ☐ Unliquidated ☐ U |             |
| Minneapolic MN 55420  | Disputed  |             |
| Minneapolis  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes  4.52  Santander Consumer USA  Nonpriority Creditor's Name Attn: Bankruptcy  Number Street  10-64-38-FD7 601 Penn St | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collecting for - Questcare Hospitalists  Last 4 digits of account number 1 0 0 0 When was the debt incurred? 11/2015  As of the date you file, the claim is: Check all that apply.  Contingent   | \$5,663.00  |
| Reading PA 19601  | Unliquidated Disputed   |             |
| City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes   | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Automobile  |             |

| Debtor 1 Allen Dunn VanLandingham  | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu  | red Claims Continuation Page  |             |
| After listing any entries on this page, number the previous page.  | m sequentially from the   | Total claim |
| 4.53   |   | \$359.00    |
| Seventh Avenue Nonpriority Creditor's Name 1112 7th Avenue Number Street   | Last 4 digits of account number 3 5 7 0  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated   |             |
| Monroe WI 52566  | Disputed  |             |
| Monroe  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset? ✓ No | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card |             |
| Yes  |   |             |
| 4.54   |   | \$698.00    |
| Steven M. Pounders MD Nonpriority Creditor's Name  | Last 4 digits of account number   |             |
| 3500 Oak Lawn Ave Number Street  | When was the debt incurred?  As of the date you file, the claim is: Check all that apply.   |             |
| Ste 600  | Contingent Unliquidated   |             |
| Dallas         TX         75219           City         State         ZIP Code  | ·<br>_  |             |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify        |             |

| Debtor 1  | Allen Dunn VanLandingham                          | Case number (if known)  |             |
|---|---|---|-------------|
| Part 2:   | Your NONPRIORITY Unsecui                          | red Claims Continuation Page  |             |
| After listin  | ng any entries on this page, number the<br>page.  | m sequentially from the   | Total claim |
| 4.55  |   |   | \$1,085.00  |
|   | ny Bank/Amazon                                    | Last 4 digits of account number 9 6 4 2   |             |
| Attn: Bar   | Creditor's Name<br>nkruptcy                       | When was the debt incurred? 03/25/2012  |             |
| Number<br>PO Box 9                                      | Street<br>65060                                   | <ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>☐ Contingent</li> <li>☐ Unliquidated</li> </ul>  |             |
| Orlando   | FL 32896  | Disputed  |             |
| Debtor Debtor Debtor At leas Check                      | •   | Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Charge Account |             |
| 4.56  |   |   | \$0.00      |
|   | Street  | Last 4 digits of account number 0 2 8 0 When was the debt incurred? 04/02/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  |             |
| Orlando<br>City   | FL         32896           State         ZIP Code |   |             |
| Who incur  ☑ Debtor ☐ Debtor ☐ Debtor ☐ At leas ☐ Check | red the debt? Check one. 1 only                   | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Charge Account |             |

| Debtor 1 Allen Dunn VanLandingham                                 | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page. | m sequentially from the  | Total claim |
| 4.57  |  | \$410.00    |
| Texas Radiology Associates LLP                                    | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name PO Box 2285                           | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | □ Contingent     □ Unliquidated  |             |
|   | Disputed   |             |
| Indianapolis IN 46206-2285 City State ZIP Code                    |  |             |
| Who incurred the debt? Check one.                                 | Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| Check if this claim is for a community debt                       | Medical  |             |
| Is the claim subject to offset?                                   |  |             |
| ✓ No ☐ Yes  |  |             |
|   |  |             |
| 4.58  |  | \$3,603.00  |
| U.S. Department of Education                                      | _ Last 4 digits of account number _ 5 _ 0 _ 0 _ 2                                    |             |
| Nonpriority Creditor's Name ECMC/Bankruptcy                       | When was the debt incurred? 10/1985  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
| PO Box 16408  | Contingent Unliquidated  |             |
|   | □ Disputed   |             |
| Saint Paul MN 55116 City State ZIP Code                           | Tune of NONDRIGRITY uncestured elemen  |             |
| Who incurred the debt? Check one.                                 | Type of NONPRIORITY unsecured claim:   |             |
| Debtor 1 only   | ✓ Student loans ☐ Obligations arising out of a separation agreement or divorce       |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | Debts to pension or profit-sharing plans, and other similar debts                    |             |
| Check if this claim is for a community debt                       | Other. Specify   |             |
| Is the claim subject to offset?                                   |  |             |
| <b>☑</b> No   |  |             |
| ☐ Yes   |  |             |

| Allen Dunn vanLandingnam  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu                                   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the previous page. | m sequentially from the  | Total claim |
| 4.59  |  | \$4,669.60  |
| US Department of Education  | Last 4 digits of account number  |             |
| Nonpriority Creditor's Name P.O. Box 5227                         | When was the debt incurred?  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.                         |             |
|   | _ Contingent   |             |
|   | Unliquidated   |             |
| Greenville TX 75403   | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | ✓ Student loans  |             |
| Debtor 1 only Debtor 2 only                                       | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 1 and Debtor 2 only  | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                     |  |             |
| Is the claim subject to offset?                                   |  |             |
| ☑ No  |  |             |
| Yes   |  |             |
| 4.60  |  | \$359.00    |
| Veldos LLC  | Last 4 digits of account number  | Ψοσσ.σσ     |
| Nonpriority Creditor's Name                                       | When was the debt incurred?  |             |
| P.O. Box 2824 Number Street                                       | As of the date you file, the claim is: Check all that apply.                         |             |
| Number Sueet  | Contingent   |             |
|   | Unliquidated   |             |
| Woodstock GA 30188  | Disputed   |             |
| City State ZIP Code   | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.                                 | Student loans  |             |
| Debtor 1 only   | Obligations arising out of a separation agreement or divorce                         |             |
| Debtor 2 only Debtor 1 and Debtor 2 only                          | that you did not report as priority claims   |             |
| At least one of the debtors and another                           | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify |             |
| ☐ Check if this claim is for a community debt                     | ✓ Other. Specify  Collecting for - Seventh Avenue                                    |             |
| Is the claim subject to offset?                                   | 2220mig io. 2010.mi. Holido  |             |
| ☑ No  |  |             |
| Yes   |  |             |

| Debtor 1 | Allen Dunn VanLandingham   | Case number (if known)   |
|----------|--|--|
| Part 3:  | List Others to Be Notified About a Debt That You Alrea   | dy Listed  |
| For ex   | nis page only if you have others to be notified about your bankruptcy, for ample, if a collection agency is trying to collect from you for a debt you or in Parts 1 or 2, then list the collection agency here. Similarly, if you that you listed in Parts 1 or 2, list the additional creditors here. If you or | u owe to someone else, list the original<br>have more than one creditor for any of the |

any debts in Parts 1 or 2, do not fill out or submit this page.

| Allianas One Bessive         | ablac Man   | agament Inc            | On which ontr                       | ry in Part 1 or F | Part 1   | 2 did you list the original creditor?               |
|------------------------------|-------------|------------------------|-------------------------------------|-------------------|--|---|
| Alliance One Receiva         | ables Mail  | agement, inc           | _                                   |                   |  |   |
| PO Box 1007 Number Street    |             |                        | f (Check one):                      |                   | Part 1: Creditors with Priority Unsecured Claims |   |
|                              |             |                        | Collecting fo<br>—                  | or - NIIA         |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|                              |             |                        | Last 4 digits of                    | of account num    | ber  |   |
| Arlington<br>City            | TX<br>State | 76004-1007<br>ZIP Code |                                     |                   |  |   |
| ·                            |             |                        |                                     |                   |  |   |
| ARS National Service         | es          |                        | On which entr                       | y in Part 1 or F  | Part 2   | 2 did you list the original creditor?               |
| P.O. Box 469046              |             |                        | Line o                              | f (Check one):    | П  | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                |             |                        | Collecting fo<br>— One Bank         | or - Capital      |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|                              |             |                        | — Last 4 digits o                   | of account num    | ber  |   |
| Escondido                    | CA          | 92046                  | _                                   |                   |  | <del></del>   |
| City                         | State       | ZIP Code               |                                     |                   |  |   |
| Couch, Conville & BI         | itt         |                        | On which entr                       | y in Part 1 or F  | Part 2   | 2 did you list the original creditor?               |
| Name<br>1450 Poydras, St Ste | 2200        |                        | Line o                              | f (Check one):    | П  | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                |             |                        |                                     |                   |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|                              |             |                        | —<br>— I aet 4 dinite n             | of account num    | her  |   |
| New Orleans                  | LA          | 70112-1227             |                                     | n account num     | Dei  | <del></del>   |
| City                         | State       | ZIP Code               |                                     |                   |  |   |
| Internal Revenue Ser         | rvice       |                        | On which entr                       | y in Part 1 or F  | Part 2   | 2 did you list the original creditor?               |
| Name <b>P.O. Box 21126</b>   |             |                        | Line o                              | f (Check one):    |  | Part 1: Creditors with Priority Unsecured Claims    |
| Number Street                |             |                        | Taxes                               |                   |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|                              |             |                        | —<br>— Loot 4 digito g              | of account num    | bor  |   |
| Philadelphia                 | PA          | 19114                  | <ul> <li>Last 4 digits o</li> </ul> | n account num     | Dei  |   |
| City                         | State       | ZIP Code               | _                                   |                   |  |   |
| Linebarger Goggan E          | Blair & Sar | nnson, LLP             | On which entr                       | v in Part 1 or F  | Part 2   | 2 did you list the original creditor?               |
| Name                         |             |                        | <del>_</del>                        |                   |  |   |
| 900 Arion Parkway, S         | Suite 104   |                        | Lineo                               | t (Cneck one):    | Ш  | Part 1: Creditors with Priority Unsecured Claims    |
|                              |             |                        | _                                   |                   |  | Part 2: Creditors with Nonpriority Unsecured Claims |
|                              |             |                        | Last 4 digits o                     | of account num    | ber  |   |
| San Antonio<br>City          | TX<br>State | <b>78216</b> ZIP Code  | _                                   |                   |  |   |
| ~··,                         | Olalo       |                        |                                     |                   |  |   |

| Debior          | Allen Dunn vanL     | andingnam  | 1                  |          |  | Case  | e number (if known)                                 |
|-----------------|---------------------|------------|--------------------|----------|--|-------|---|
| Part 3:         | List Others to      | Be Notifie | ed About a Deb     | t That   | You Already                                      | / Li  | sted Continuation Page                              |
| National C      | redit Services, Inc | ·.         | On wh              | ich entr | y in Part 1 or P                                 | art 2 | 2 did you list the original creditor?               |
| Name P.O. Box 7 | Line                | of         | (Check one):       | П        | Part 1: Creditors with Priority Unsecured Claims |       |   |
| Number          | Street              |            |                    |          |  |       | Part 2: Creditors with Nonpriority Unsecured Claims |
| Bothell City    | WA<br>Stat          |            | -0766              | digits o | f account num                                    | ber   |   |
|                 | Weinberg & Reis C   | o. LPA     | On wh              | ich entr | y in Part 1 or P                                 | art 2 | 2 did you list the original creditor?               |
| P.O. Box 9      | 3596                |            | Line               | of       | (Check one):                                     | П     | Part 1: Creditors with Priority Unsecured Claims    |
| Number          | Street              |            | Collection Finance | ting fo  | r - Cig  |       | Part 2: Creditors with Nonpriority Unsecured Claims |
| Cleveland       | ОН                  | 44101      |                    | digits o | f account num                                    | ber   |   |
| City            | Stat                | e ZIP Code | e                  |          |  |       |   |

| Debtor 1 | Allen Dunn VanLandingham | Case number (if known) |
|----------|--------------------------|------------------------|
|----------|--------------------------|------------------------|

# Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

|                          |     |   |                         | Total claim |
|--------------------------|-----|---|-------------------------|-------------|
| Total claims from Part 1 | 6a. | Domestic support obligations  | 6a.                     | \$0.00      |
| nom rait i               | 6b. | Taxes and certain other debts you owe the government  | 6b.                     | \$0.00      |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c.                     | \$0.00      |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. 🖡                   | \$0.00      |
|                          | 6e. | <b>Total.</b> Add lines 6a through 6d.  | 6d.                     | \$0.00      |
|                          |     |   |                         | Total claim |
| Total claims from Part 2 | 6f. | Student loans   | 6f.                     | \$52,716.60 |
|                          | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g.                     | \$0.00      |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h.                     | \$0.00      |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | <sup>6i.</sup> <b>⊀</b> | \$45,761.71 |
|                          | 6j. | Total. Add lines 6f through 6i.   | 6j.                     | \$98,478.31 |

| Fill in this inf                | ormation to         | identify your case         | :                          |
|---------------------------------|---------------------|----------------------------|----------------------------|
| Debtor 1                        | Allen<br>First Name | <b>Dunn</b><br>Middle Name | VanLandingham<br>Last Name |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name                | Last Name                  |
| United States Bar               | nkruptcy Court fo   | or the: <b>EASTERN DIS</b> | TRICT OF TEXAS             |
| Case number (if known)          |                     |                            |                            |

Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

| Fill in this infe   | ormation to         | identify your case         | :                          |
|---------------------|---------------------|----------------------------|----------------------------|
| Debtor 1            | Allen<br>First Name | <b>Dunn</b><br>Middle Name | VanLandingham<br>Last Name |
| Debtor 2            |                     |                            |                            |
| (Spouse, if filing) |                     | Middle Name                | Last Name                  |
| Case number         | nkruptcy Court is   | or the: <b>EASTERN DIS</b> | TRICT OF TEXAS             |
| (if known)          |                     |                            |                            |

# Official Form 106H

✓ No ☐ Yes

# **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

| _  |   |  |
|----|---|--|
| 2. |   | property state or territory? (Community property states and territories whexico, Puerto Rico, Texas, Washington, and Wisconsin.)   |
|    | ☐ No. Go to line 3.                                     |  |
|    | Yes. Did your spouse, former spouse, or legal equiva    | lent live with you at the time?  |
|    | ☑ No  |  |
|    | Yes   |  |
| 3. | person shown in line 2 again as a codebtor only if that | your spouse as a codebtor if your spouse is filing with you. List the person is a guarantor or cosigner. Make sure you have listed the <i>E/F</i> (Official Form 106E/F), or <i>Schedule G</i> (Official Form 106G). Use lumn 2. |
|    | Column 1: Your codebtor                                 | Column 2: The creditor to whom you owe the debt  |
|    |   | Check all schedules that apply:  |

Official Form 106H Schedule H: Your Codebtors page 1

| Debtor 1               | Allen                  | Dunn         | VanLandingham |            |   |
|------------------------|------------------------|--------------|---------------|------------|---|
| Desici 1               | First Name             | Middle Name  | Last Name     | —  <br>Che | eck if this is:   |
| Debtor 2               |                        |              |               | _ _        | An amended filing   |
| (Spouse, if filing)    | First Name             | Middle Name  | Last Name     | _          | ŭ   |
| United States Bank     | cruptcy Court for the: | EASTERN DIST | RICT OF TEXAS | _   🗖      | A supplement showing postpetition chapter 13 income as of the following date: |
| Case number (if known) |                        |              |               |            | MM / DD / YYYY  |

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

| 1. | Fill in your employment information.   |                       | Debtor 1  |                | Debtor 2 or non-filir     | na spouse      |
|----|--|-----------------------|---|----------------|---------------------------|----------------|
|    | If you have more than one job, attach a separate page with information about additional employers. | Employment status     | <ul><li>✓ Employed</li><li>✓ Not employed</li></ul> |                | ☐ Employed ☐ Not employed | 3              |
|    | , ,  | Occupation            | Courier   |                | _                         |                |
|    | Include part-time, seasonal, or self-employed work.  | Employer's name       | Ricoh-USA   |                |                           |                |
|    | Occupation may include   | Employer's address    | 3920 Arkwright I                                    | Rd #400        |                           |                |
|    | student or homemaker, if it applies.   |                       | Number Street                                       |                | Number Street             |                |
|    |  |                       |   |                |                           |                |
|    |  |                       | Macon   | GA 31210       | _                         |                |
|    |  |                       | City  | State Zip Code | City                      | State Zip Code |
|    |  | How long employed the | here? 8 months                                      | ·              |                           |                |

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Fan Daleton 2 an

|    |  |      | ————       | non-filing spouse |
|----|--|------|------------|-------------------|
| 2. | <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2.   | \$2,467.21 |                   |
| 3. | Estimate and list monthly overtime pay.  | 3. 🛊 | \$0.00     |                   |
| 4. | Calculate gross income. Add line 2 + line 3.   | 4.   | \$2,467.21 |                   |

Debtor 1 Allen Dunn VanLandingham Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here ..... \$2,467.21 List all payroll deductions: \$232.70 5a. Tax, Medicare, and Social Security deductions 5a \$0.00 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$0.00 5d. Required repayments of retirement fund loans 5d. \$55.36 5e. Insurance 5e. \$0.00 **Domestic support obligations** 5f. 5f. 5q. Union dues 5g. \$0.00 Other deductions. 5h. \$369.16 Specify: See continuation sheet 5h.+ Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6. \$657.22 5a + 5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$1,809.99 List all other income regularly received: 8a. Net income from rental property and from operating a 8a. \$0.00 business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a 8c. \$0.00 dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$0.00 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any noncash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$0.00 8g. Pension or retirement income 8g. \$0.00 Other monthly income. Specify: 8h. 🚣 \$0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. \$0.00 10. \$1,809.99 Calculate monthly income. Add line 7 + line 9. \$1,809.99 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. \$0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly 12. \$1.809.99 income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, Combined if it applies. monthly income

| Debtor 1 Allen Du |                         | Allen Dur     | nn VanLandingham   | Case number (if known) |
|-------------------|-------------------------|---------------|--|------------------------|
| 13.               | Doy                     | ou expect an  | increase or decrease within the year after you file this form? |                        |
|                   | $\overline{\mathbf{V}}$ | No.           | None.  |                        |
|                   |                         | Yes. Explain: |  |                        |
|                   |                         |               |  |                        |
|                   | Ц                       | res. Explain. |  |                        |

| Debtor 1  | Allen Dunn VanLandingham     | Case            | e number (if known)               |
|-----------|------------------------------|-----------------|-----------------------------------|
| 5h. Other | Payroll Deductions (details) | For Debtor 1    | For Debtor 2 or non-filing spouse |
|           | pending Account              | \$328.1         | 4                                 |
| Armo      | r                            | \$8.9           | 5                                 |
| Metlif    | fe                           | \$16.5          | <u>1</u>                          |
| STD       |                              | \$15.5          | <u> </u>                          |
|           |                              | Totals:\$369.10 | 6                                 |

| G        | ill in this inform                                  | ation to identif                          | y your case:                                     |   |                                  | DI I- '6 (I- | ta ta  |   |
|----------|---|---|--|---|----------------------------------|--------------|--|---|
|          | Debtor 1  | Allen<br>First Name                       | <b>Dunn</b><br>Middle Name                       | VanLandingha<br>Last Name                                   | <u>ım</u>                        |              | ils is:<br>nended filing<br>oplement showing | postpetition  |
|          | Debtor 2<br>(Spouse, if filing)                     | First Name                                | Middle Name                                      | Last Name   |                                  |              | er 13 expenses a<br>ring date:               | s of the  |
|          | United States Bankr                                 | uptcy Court for the:                      | EASTERN DIST                                     | RICT OF TEXAS   |                                  | MM /         | DD / YYYY                                    | _   |
|          | Case number (if known)                              |   |  |   |                                  | ,            | ,  |   |
| 0        | fficial Form 10                                     | 6J  |  |   |                                  |              |  |   |
| S        | chedule J: Yo                                       | ur Expenses                               | 5  |   |                                  |              |  | 12/15   |
| co<br>na | rrect information. If me and case numbe             | more space is ne                          | eded, attach anothe<br>wer every question.       | eople are filing togeth<br>er sheet to this form.           |                                  |              |  |   |
| 1.       | Is this a joint case                                |   |  |   |                                  |              |  |   |
| 2.       | _ No  | ebtor 2 live in a se                      | parate household?<br>e Official Form 106J-<br>No | 2, Expenses for Separ                                       |                                  |              |  |   |
|          | Do not list Debtor 2                                | I and                                     | Yes. Fill out this inf for each dependent.       | Dobtor 1  | ent's relations<br>I or Debtor 2 | ship to      | Dependent's age                              | Does dependent live with you?                       |
|          | Do not state the de names.                          | ependents'                                |  |   |                                  |              |  | Yes No Yes No Yes No No Yes No Yes No No Yes No Yes |
| 3.       | Do your expenses expenses of peop yourself and your | le other than dependents?                 | ✓ No<br>□ Yes                                    |   |                                  |              |  |   |
| Es<br>to | timate your expense                                 | es as of your bank<br>of a date after the |  | enses<br>nless you are using the<br>lf this is a supplement |                                  |              |  |   |
|          |   |   |  | tance if you know the                                       |                                  |              | Your expens                                  | ses   |
| 4.       |   |   | nses for your resid<br>any rent for the grour    |   |                                  |              | 4.   | \$1,049.00  |
|          | If not included in                                  | line 4:                                   |  |   |                                  |              |  |   |
|          | 4a. Real estate ta                                  | ixes                                      |  |   |                                  |              | 4a   |   |
|          | 4b. Property, hom                                   | neowner's, or renter                      | 's insurance                                     |   |                                  |              | 4b   | \$177.00  |
|          | 4c. Home mainte                                     | nance, repair, and ι                      | upkeep expenses                                  |   |                                  |              | 4c   | \$25.00   |
|          | 4d. Homeowner's                                     | association or con-                       | dominium dues                                    |   |                                  |              | 4d.  |   |

| Deb | otor 1 Allen Dunn VanLandingham   | Case number (if known) |                 |  |
|-----|---|------------------------|-----------------|--|
|     |   | Your expenses          |                 |  |
| 5.  | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |                 |  |
| 6.  | Utilities:  |                        |                 |  |
|     | 6a. Electricity, heat, natural gas  | 6a.                    | \$60.00         |  |
|     | 6b. Water, sewer, garbage collection  | 6b.                    |                 |  |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services  | 6c                     |                 |  |
|     | 6d. Other. Specify:   | 6d.                    |                 |  |
| 7.  | Food and housekeeping supplies  | 7.                     | \$200.00        |  |
| 8.  | Childcare and children's education costs  | 8.                     |                 |  |
| 9.  | Clothing, laundry, and dry cleaning   | 9.                     | \$25.00         |  |
| 10. | Personal care products and services   | 10.                    | \$25.00         |  |
| 11. | Medical and dental expenses   | 11.                    |                 |  |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.  | 12.                    | <u>\$150.00</u> |  |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books  | 13.                    |                 |  |
| 14. | Charitable contributions and religious donations  | 14.                    |                 |  |
| 15. | Insurance.  |                        |                 |  |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |                 |  |
|     | 15a. Life insurance   | 15a                    |                 |  |
|     | 15b. Health insurance   | 15b.                   |                 |  |
|     | 15c. Vehicle insurance  | 15c                    | \$75.00         |  |
|     | 15d. Other insurance. Specify:  | 15d                    |                 |  |
| 16. | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:  | 16.                    |                 |  |
| 17. | Installment or lease payments:  |                        |                 |  |
|     | 17a. Car payments for Vehicle 1   | 17a                    |                 |  |
|     | 17b. Car payments for Vehicle 2   | 17b.                   |                 |  |
|     | 17c. Other. Specify:  | 17c                    |                 |  |
|     | 17d. Other. Specify:  | 17d.                   |                 |  |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18.                    |                 |  |
| 19. | Other payments you make to support others who do not live with you.  Specify:   | 19.                    |                 |  |

| Debtor 1 |   | Allen Dunn VanLandingham  | Case number (if known)  |            |  |  |
|----------|---|---|-------------------------|------------|--|--|
| 20.      |   | r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.   |                         |            |  |  |
|          | 20a.  | Mortgages on other property   | 20a                     |            |  |  |
|          | 20b.  | Real estate taxes   | 20b                     |            |  |  |
|          | 20c.  | Property, homeowner's, or renter's insurance  | 20c                     |            |  |  |
|          | 20d.  | Maintenance, repair, and upkeep expenses  | 20d                     |            |  |  |
|          | 20e.  | Homeowner's association or condominium dues   | 20e                     |            |  |  |
| 21.      | Othe  | r. Specify:   | <sup>21.</sup> <b>+</b> |            |  |  |
| 22.      | Calc  | alate your monthly expenses.  |                         |            |  |  |
|          | 22a.  | Add lines 4 through 21.   | 22a                     | \$1,786.00 |  |  |
|          | 22b.  | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2                 | . 22b                   |            |  |  |
|          | 22c.  | Add line 22a and 22b. The result is your monthly expenses.                                      | 22c                     | \$1,786.00 |  |  |
| 23.      | Calc  | ulate your monthly net income.  |                         |            |  |  |
|          | 23a.  | Copy line 12 (your combined monthly income) from Schedule I.                                    | 23a                     | \$1,809.99 |  |  |
|          | 23b.  | Copy your monthly expenses from line 22c above.   | 23b. <b>_</b> _         | \$1,786.00 |  |  |
|          | 23c.  | Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c                     | \$23.99    |  |  |
| 24.      | Do y  | ou expect an increase or decrease in your expenses within the year after yo                     | u file this form?       |            |  |  |
|          | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? |   |                         |            |  |  |
|          | ✓ No  |   |                         |            |  |  |
|          |   | Yes. Explain here: None.  |                         |            |  |  |
|          |   |   |                         |            |  |  |
|          |   |   |                         |            |  |  |

| Fill in this info               | ormation to         | identify your case         | :                          |
|---------------------------------|---------------------|----------------------------|----------------------------|
| Debtor 1                        | Allen<br>First Name | <b>Dunn</b><br>Middle Name | VanLandingham<br>Last Name |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name                | Last Name                  |
| United States Bar               | nkruptcy Court fo   | or the: <b>EASTERN DIS</b> | TRICT OF TEXAS             |
| Case number (if known)          |                     |                            |                            |

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

## Part 1: Summarize Your Assets

|   |  | <b>Your assets</b><br>Value of what you own |
|---|--|---|
|   | Schedule A/B: Property (Official Form 106A/B)  | value of what you own                       |
|   | 1a. Copy line 55, Total real estate, from Schedule A/B   | \$0.00                                      |
|   | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$27,260.47                                 |
|   | 1c. Copy line 63, Total of all property on Schedule A/B  | \$27,260.47                                 |
|   |  |   |
| ŀ | Part 2: Summarize Your Liabilities   |   |
|   | Part 2: Summarize Your Liabilities   | Your liabilities Amount you owe             |
|   | Summarize Your Liabilities  Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D   | Amount you owe                              |
|   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)   | \$25,000.00                                 |
|   | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$25,000.00<br>\$0.00                       |

| Debtor 1 |  | Allen Dunn VanLandingham Case number (if known)   |                           |                      |  |  |  |
|----------|--|---|---------------------------|----------------------|--|--|--|
| P        | art 3:   | Summarize Your Income and Expenses  |                           |                      |  |  |  |
| 4.       |  | ule I: Your Income (Official Form 106I) our combined monthly income from line 12 of Schedule I  |                           | \$1,809.99           |  |  |  |
| 5.       |  | ule J: Your Expenses (Official Form 106J) our monthly expenses from line 22c of Schedule J  |                           | \$1,786.00           |  |  |  |
| E        | art 4:   | Answer These Questions for Administrative and Statistical Rec   | ords                      |                      |  |  |  |
| 6.       | Are yo   | u filing for bankruptcy under Chapters 7, 11, or 13?  |                           |                      |  |  |  |
|          | □ No   | o. You have nothing to report on this part of the form. Check this box and submit this es   | form to the court with yo | our other schedules. |  |  |  |
| 7.       | What k   | ind of debt do you have?  |                           |                      |  |  |  |
|          | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. |   |                           |                      |  |  |  |
|          |  | <b>Dur debts are not primarily consumer debts.</b> You have nothing to report on this parties form to the court with your other schedules.          | t of the form. Check this | s box and submit     |  |  |  |
| 8.       |  | he Statement of Your Current Monthly Income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | ome from                  | \$2,148.12           |  |  |  |
| 9.       | Copy t   | he following special categories of claims from Part 4, line 6 of Schedule E/F:  |                           |                      |  |  |  |
|          |  |   | Total claim               |                      |  |  |  |
|          | From F   | Part 4 on Schedule E/F, copy the following:   |                           |                      |  |  |  |
|          | 9a. D  | omestic support obligations. (Copy line 6a.)  | \$0.0                     | <u>0</u>             |  |  |  |
|          | 9b. Ta   | axes and certain other debts you owe the government. (Copy line 6b.)  | \$0.0                     | 0                    |  |  |  |
|          | 9c. C  | aims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$0.0                     | 0                    |  |  |  |
|          | 9d. St   | audent loans. (Copy line 6f.)   | \$52,716.6                | 0                    |  |  |  |
|          |  | bligations arising out of a separation agreement or divorce that you did not report as iority claims. (Copy line 6g.)                               | \$0.0                     | 0                    |  |  |  |
|          | 9f. D  | ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | + \$0.0                   | <u>0</u>             |  |  |  |
|          | 9g. <b>T</b> e   | otal. Add lines 9a through 9f.  | \$52,716.6                | 0                    |  |  |  |

| Fill in this info               | ormation to i       | dentify your case          | :                          |
|---------------------------------|---------------------|----------------------------|----------------------------|
| Debtor 1                        | Allen<br>First Name | <b>Dunn</b><br>Middle Name | VanLandingham<br>Last Name |
| Debtor 2<br>(Spouse, if filing) | First Name          | Middle Name                | Last Name                  |
| United States Bar               | nkruptcy Court fo   | or the: <b>EASTERN DIS</b> | STRICT OF TEXAS            |
| Case number<br>(if known)       |                     |                            |                            |

### Official Form 106Dec

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below   |  |   |
|--|--|---|
| Did you pay or agree to pay someone who is NC                        | OT an attorney to help you fill out ba | nkruptcy forms?   |
| <b>☑</b> No  |  |   |
| Yes. Name of person  |  | Attach Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119) |
|  |  |   |
| Under penalty of perjury, I declare that I have re true and correct. | ad the summary and schedules filed     | d with this declaration and that they are   |
| X /s/ Allen Dunn VanLandingham  Allen Dunn VanLandingham, Debtor 1   | X Signature of Debtor 2                |   |
| Date 11/05/2019  | Date                                   |   |

| Fill                                 | in this inf  |  |   |   |  |                                      |            |                                   |
|--------------------------------------|--|--|---|---|--|--------------------------------------|------------|-----------------------------------|
| Debt                                 | or 1   | Allen<br>First Name  | <b>Dunn</b><br>Middle Nam                                     | e   | VanLandingham Last Name  |                                      |            |                                   |
| Debt                                 | or 2   | r not realing  | Wildalo Hair  |   | Last Name  |                                      |            |                                   |
|                                      | use, if filing)  | First Name   | Middle Nam  | е   | Last Name  | _                                    |            |                                   |
| Unite                                | ed States Bar  | nkruptcy Court fo  | or the: <b>EASTER</b>   | N DISTR                                       | ICT OF TEXAS   |                                      |            |                                   |
|                                      | e number<br>lown)  |  |   |   |  |                                      | Check if t |                                   |
| Offic                                | ial Form   | 107  |   |   |  |                                      |            |                                   |
|                                      |  |  | Affairs fo  | r Indivi                                      | duals Filing fo  | Bankruptcv                           |            | 04/19                             |
| your r<br>Par                        |  | `  | nown). Answer   |   | estion.<br>us and Where You  | ı Lived Before                       |            |                                   |
| Par<br>1. W<br>[<br><u>5</u><br>2. D | What is your Married Not married Ouring the las              | current marital  | out Your Man  | rital Stat                                    | us and Where You   | now?                                 |            |                                   |
| Par<br>1. w<br>[<br>5. D             | What is your Married Not marrie Ouring the last No Yes. List | current marital  | out Your Man  | rital Stat                                    | us and Where You r than where you live to  | now?                                 |            |                                   |
| Par<br>1. w<br>[<br>5. D             | What is your Married Not married Ouring the las              | current marital  | out Your Man  | rital Stat                                    | r than where you live to be not include where Debtor 1 Debtor  | now?<br>you live now.                |            | Dates Debtor 2                    |
| Par<br>1. w<br>[<br>5.               | What is your Married Not marrie Ouring the last No Yes. List | current marital  | out Your Man  | here othe                                     | r than where you live in the control of the control | now?<br>you live now.                |            | lived there                       |
| Par<br>1. w<br>[<br>5. D             | What is your Married Not married No Yes. List Debtor 1:      | current marital  | out Your Man<br>status?<br>you lived anyw<br>you lived in the | here othe                                     | r than where you live in the control of the control | now? you live now. 2:                |            |                                   |
| Par<br>1. w<br>[<br>5.               | What is your Married Not married No Yes. List Debtor 1:      | re Details About the current marital and ast 3 years, have all of the places | out Your Man<br>status?<br>you lived anyw<br>you lived in the | here othe<br>ast 3 years<br>Dates<br>lived th | r than where you live in than where you live in the control of the | now? you live now. 2:                |            | lived there  Same as Debtor 1     |
| Par<br>1. w<br>[<br>5. D             | What is your Married Not married No Yes. List Debtor 1:      | current marital ed st 3 years, have all of the places                        | out Your Man<br>status?<br>you lived anyw<br>you lived in the | here othe ast 3 years Dates                   | r than where you live its. Do not include where Debtor 1 Debtor nere   | now? you live now. 2: me as Debtor 1 |            | lived there Same as Debtor 1 From |

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

| Debtor 1  | Allen Dunn VanLandingham   | Case number (if known)   |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| Part 2:   | Part 2: Explain the Sources of Your Income   |  |   |  |  |  |  |
| <ul> <li>4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?         Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.         If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.     </li> <li>No</li> </ul> |  |  |   |  |  |  |  |
| <b>☑</b> Ye   | s. Fill in the details.  |  |   |  |  |  |  |
|   |  | Debtor 1   |   | Debtor 2   |  |  |  |
|   |  | Sources of income<br>Check all that apply.   | <b>Gross income</b> (before deductions and exclusions | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions<br>and exclusions |  |  |
|   | ary 1 of the current year until<br>u filed for bankruptcy:   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul> | \$15,585.00   | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                           |  |  |  |
|   | calendar year: o December 31, 2018 )   | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul> | \$22,770.00   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul> |  |  |  |
|   | endar year before that:  o December 31,  | <ul><li>✓ Wages, commissions, bonuses, tips</li><li>✓ Operating a business</li></ul> | \$25,000.00 (est.)                                    | ☐ Wages, commissions, bonuses, tips ☐ Operating a business                           |  |  |  |
| Include unemp and ga Debtor  List ea  | Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4. |  |   |  |  |  |  |
| <b>☑</b> No   | v  | m each source separately.  | Do not include income                                 | that you listed in line 4.   |  |  |  |

| Del | otor 1                            | Allen Dunn VanLandingham  | Case number (if known)  |
|-----|-----------------------------------|---|---|
|     |                                   |   |   |
| P   | art 3:                            | List Certain Payments You Made Bef  | ore You Filed for Bankruptcy  |
| 6.  | Are eith                          | er Debtor 1's or Debtor 2's debts primarily cons  | sumer debts?  |
|     | □ No.                             | Neither Debtor 1 nor Debtor 2 has primarily of incurred by an individual primarily for a person               | consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as al, family, or household purpose."  |
|     |                                   | During the 90 days before you filed for bankrup   | tcy, did you pay any creditor a total of \$6,825* or more?  |
|     |                                   | ☐ No. Go to line 7.   |   |
|     |                                   | total amount you paid that creditor. Do   | paid a total of \$6,825* or more in one or more payments and the o not include payments for domestic support obligations, such as ot include payments to an attorney for this bankruptcy case.  |
|     |                                   | * Subject to adjustment on 4/01/22 and every 3  | years after that for cases filed on or after the date of adjustment.  |
|     | <b>✓</b> Yes                      | Debtor 1 or Debtor 2 or both have primarily o   | consumer debts.   |
|     |                                   | During the 90 days before you filed for bankrup   | tcy, did you pay any creditor a total of \$600 or more?   |
|     |                                   | ✓ No. Go to line 7.   |   |
|     |                                   |   | paid a total of \$600 or more and the total amount you paid that domestic support obligations, such as child support and alimony. ttorney for this bankruptcy case.   |
| 7.  | Insiders<br>corporat<br>agent, in | include your relatives; any general partners; relati<br>ions of which you are an officer, director, person in | make a payment on a debt you owed anyone who was an insider? ives of any general partners; partnerships of which you are a general partner; in control, or owner of 20% or more of their voting securities; and any managing proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations |
|     | ✓ No<br>☐ Yes.                    | . List all payments to an insider.  |   |
| 8.  |                                   | year before you filed for bankruptcy, did you r   | make any payments or transfer any property on account of a debt that  |
|     |                                   | payments on debts guaranteed or cosigned by an  | insider.  |
|     | ✓ No<br>☐ Yes                     | . List all payments that benefited an insider.  |   |
| Р   | art 4:                            | Identify Legal Actions, Repossession  | ns, and Foreclosures  |
| 9.  | List all s                        |   | a party in any lawsuit, court action, or administrative proceeding? Il claims actions, divorces, collection suits, paternity actions, support or custody  |
|     | ✓ No                              | . Fill in the details.  |   |

| Debtor 1     | Allen Dunn Van  | Landin      | ngham         | Case number (if   | known)             |                       |
|--------------|---|-------------|---------------|---|--------------------|-----------------------|
| seize        | in 1 year before you<br>ed, or levied?<br>ck all that apply and fil |             |               | was any of your property repossessed, foreclos  | sed, garnished, a  | ttached,              |
| _            | No. Go to line 11.<br>Yes. Fill in the informa                      | ation bel   | low.          |   |                    |                       |
|              |   |             |               | Describe the property   | Date               | Value of the property |
| US Dena      | artment of Education  | on          |               | Student Loan  | bi-weekly          | \$876.16              |
| Creditor's N |   | <del></del> |               | ** garnishment **   |                    |                       |
| P.O. Box     | 5227  |             |               |   |                    |                       |
|              | Street  |             |               | Explain what happened   |                    |                       |
|              |   |             |               | Property was repossessed.   |                    |                       |
|              |   |             |               | Property was foreclosed.  |                    |                       |
| Greenvil     | le  | TX          | 75403         | Property was garnished.   |                    |                       |
| City         |   | State       | ZIP Code      | Property was attached, seized, or levied.   |                    |                       |
|              |   |             |               | Describe the property   | Date               | Value of the property |
| Chrysler     | · Canital   |             |               | 2007 Jeep Compass   |                    | \$5,000.00            |
| Creditor's N |   |             |               | _   |                    | Ψο,οσο.σσ             |
| P.O. Box     | c 961275  |             |               |   |                    |                       |
| Number       | Street  |             |               | Explain what happened   |                    |                       |
|              |   |             |               | ✓ Property was repossessed.   |                    |                       |
|              |   |             |               | Property was foreclosed.  |                    |                       |
| Fort Wo      | rth   | TX          | 76161         | Property was garnished.   |                    |                       |
| City         |   | State       | ZIP Code      | Property was attached, seized, or levied.   |                    |                       |
| amo<br>☑ ¹   |   | unts or     |               | y, did any creditor, including a bank or financial are a payment because you owed a debt? | institution, set o | ff any                |
|              |   |             |               | was any of your property in the possession of a dian, or another official?                | n assignee for th  | ne benefit of         |
| <u> </u>     | No<br>Yes   |             |               |   |                    |                       |
| Part 5:      | List Certain  | Gifts a     | nd Contrib    | utions  |                    |                       |
|              |   | ı filed fo  | or bankruptcy | , did you give any gifts with a total value of more                                       | e than \$600 per p | person?               |
|              | No<br>Yes. Fill in the details                                      | for each    | n gift.       |   |                    |                       |

| Deb  | tor 1              | Allen Dunn                       | VanL               | .andingham            | Cas  | se number (if k | nown)                                   |                   |
|--|--------------------|----------------------------------|--------------------|-----------------------|--|-----------------|---|-------------------|
| 14. Within 2 years before you filed for bankru to any charity?   |                    |                                  |                    | filed for bankr       | uptcy, did you give any gifts or contribution          | ons with a tot  | al value of more tha                    | n \$600           |
|  | ✓ No               |                                  | etails f           | or each gift or c     | contribution.  |                 |   |                   |
| Pa   | art 6:             | List Cert                        | ain L              | osses                 |  |                 |   |                   |
| 15.  |                    | 1 year before<br>lisaster, or ga | -                  |                       | ptcy or since you filed for bankruptcy, did            | l you lose any  | thing because of th                     | eft, fire,        |
|  | ✓ No               | s. Fill in the d                 | etails.            |                       |  |                 |   |                   |
| Pa   | art 7:             | List Cert                        | ain P              | ayments or            | Transfers  |                 |   |                   |
| 16. Within 1 year before you filed for bankrup anyone you consulted about seeking bank Include any attorneys, bankruptcy petition pro  No  Yes. Fill in the details. |                    |                                  |                    | out seeking ba        | nkruptcy or preparing a bankruptcy petition            | on?             |   | -                 |
|  |                    |                                  |                    |                       | Description and value of any property to               | ransferred      | Date payment                            | Amount of         |
| Alex   | xander<br>on Who V | John Bouth                       | nilet              |                       | Attorney Fees  |                 | or transfer was made                    | payment           |
| The  |                    | t Firm, L.L.F                    | <b>.</b>           |                       | _  |                 | 2019                                    | \$1,500.00        |
|  |                    | entral Expre                     | sway,              | Ste 775               | _  |                 |   |                   |
| Dal<br>City  | las                |                                  | <b>TX</b><br>State | <b>75206</b> ZIP Code | -  |                 |   |                   |
| Ema  | il or websi        | ite address                      |                    |                       | _  |                 |   |                   |
| Pers   | on Who M           | Made the Payme                   | nt, if Not         | You                   | _  |                 |   |                   |
| CIN Legal Data Services Person Who Was Paid  |                    |                                  | es                 |                       | Description and value of any property to Credit report | ransferred      | Date payment<br>or transfer was<br>made | Amount of payment |
| 4540 Honeywell Ct. Number Street   |                    |                                  |                    |                       | _  |                 | 2019                                    | \$40.00           |
|  | ibei oti           |                                  |                    |                       | _  |                 |   | . <u> </u>        |
| Day  | /ton               |                                  | ОН                 | 45424                 |  |                 |   |                   |
| City   |                    |                                  | State              | ZIP Code              |  |                 |   |                   |
| Ema  | il or websi        | ite address                      |                    |                       | -  |                 |   |                   |
| Pers   | on Who M           | Made the Payme                   | nt, if Not         | You                   | _  |                 |   |                   |

| Deb | tor 1         | Allen Dunn VanLandingham  | Case number (if known)                                |  |  |  |  |  |  |
|-----|---------------|---|---|--|--|--|--|--|--|
| 17. |               | Vithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to inyone who promised to help you deal with your creditors or to make payments to your creditors? |   |  |  |  |  |  |  |
|     | Do not i      | nclude any payment or transfer that you listed on line 16.  |   |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| 18. |               | 2 years before you filed for bankruptcy, did you sell, trade, or otherwis<br>y transferred in the ordinary course of your business or financial affair  |   |  |  |  |  |  |  |
|     |               | both outright transfers and transfers made as security (such as granting of nclude gifts and transfers that you have already listed on this statement.  | a security interest or mortgage on your property).    |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| 19. |               | 10 years before you filed for bankruptcy, did you transfer any property a beneficiary? (These are often called asset-protection devices.)   | to a self-settled trust or similar device of which    |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| Pa  | art 8:        | List Certain Financial Accounts, Instruments, Safe Depo   | osit Boxes, and Storage Units                         |  |  |  |  |  |  |
| 20. |               | 1 year before you filed for bankruptcy, were any financial accounts or i closed, sold, moved, or transferred?   | nstruments held in your name, or for your             |  |  |  |  |  |  |
|     |               | checking, savings, money market, or other financial accounts; certificates of pension funds, cooperatives, associations, and other financial institutions.  | of deposit; shares in banks, credit unions, brokerage |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| 21. | -             | now have, or did you have within 1 year before you filed for bankruptourities, cash, or other valuables?  | y, any safe deposit box or other depository           |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| 22. | Have yo       | ou stored property in a storage unit or place other than your home with   | in 1 year before you filed for bankruptcy?            |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |
| Pa  | art 9:        | Identify Property You Hold or Control for Someone Else  | •   |  |  |  |  |  |  |
| 23. | -             | hold or control any property that someone else owns? Include any pr in trust for someone.   | operty you borrowed from, are storing for,            |  |  |  |  |  |  |
|     | ✓ No<br>☐ Yes | s. Fill in the details.   |   |  |  |  |  |  |  |

| Del | btor 1           | Allen Dunn VanLandingham Case number (if known)  |
|-----|------------------|--|
| P   | art 10:          | Give Details About Environmental Information   |
| For | the pur          | pose of Part 10, the following definitions apply:  |
|     | hazardo          | mental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of us or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, g statutes or regulations controlling the cleanup of these substances, wastes, or material.                                       |
|     |                  | ans any location, facility, or property as defined under any environmental law, whether you now own, operate, or or used to own, operate, or utilize it, including disposal sites.   |
|     |                  | ous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic ce, hazardous material, pollutant, contaminant, or similar item.   |
| Re  | port all n       | otices, releases, and proceedings that you know about, regardless of when they occurred.   |
| 24. | Has an           | y governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental  |
|     | ✓ No<br>□ Ye     | s. Fill in the details.  |
| 25. | ☑ No             | ou notified any governmental unit of any release of hazardous material? s. Fill in the details.  |
| 26. | Have y           | ou been a party in any judicial or administrative proceeding under any environmental law? Include settlements and  |
|     | ✓ No             | s. Fill in the details.  |
| P   | art 11:          | Give Details About Your Business or Connections to Any Business  |
| 27. | Within<br>busine | 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any ss?  |
|     |                  | A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  A member of a limited liability company (LLC) or limited liability partnership (LLP)  A partner in a partnership  An officer, director, or managing executive of a corporation  An owner of at least 5% of the voting or equity securities of a corporation |
|     |                  | . None of the above applies. Go to Part 12. s. Check all that apply above and fill in the details below for each business.   |
| 28. |                  | 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include ncial institutions, creditors, or other parties.  |
|     | □ No             | s. Fill in the details below.  |

| Debtor 1         | Allen Dunn VanLandingham   | Case number (if known)   |  |  |  |  |  |  |  |  |
|------------------|--|--|--|--|--|--|--|--|--|--|
| Part 12          | : Sign Below   |  |  |  |  |  |  |  |  |  |
| that answe       | Part 12: Sign Below  Nave read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury at answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or operty by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.    Signature of Debtor 2 |  |  |  |  |  |  |  |  |  |
| Allen Di         | unn VanLandingham, Debtor 1  | Signature of Debtor 2  |  |  |  |  |  |  |  |  |
| Did you at       | tach additional pages to Your Stateme  | nt of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?                 |  |  |  |  |  |  |  |  |
| ✓ No<br>☐ Yes    |  |  |  |  |  |  |  |  |  |  |
| Did you pa       | ay or agree to pay someone who is no   | an attorney to help you fill out bankruptcy forms?   |  |  |  |  |  |  |  |  |
| ✓ No<br>☐ Yes. N | Name of person   | Attach the Bankruptcy Petition Preparer's Notice,  Declaration, and Signature (Official Form 119). |  |  |  |  |  |  |  |  |

| Fill in this information to identify your case: |                        |                            |                         |  |  |  |
|---|------------------------|----------------------------|-------------------------|--|--|--|
| Debtor 1  | Allen<br>First Name    | <b>Dunn</b><br>Middle Name | VanLandingham Last Name |  |  |  |
| Debtor 2<br>(Spouse, if filing)                 | First Name             | Middle Name                | Last Name               |  |  |  |
| United States Bar                               | nkruptcy Court for the | EASTERN DISTR              | ICT OF TEXAS            |  |  |  |
| Case number<br>(if known)                       |                        |                            |                         |  |  |  |

# ☐ Check if this is an amended filing

### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

| <ol> <li>For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Fe<br/>fill in the information below.</li> </ol> |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | Identify the cre                       | editor and the property that is collateral |  | at do you intend to do with the perty that secures a debt?   |  | you claim the property exempt on Schedule C? |
|  | Creditor's name:                       | Trinity Finance Co.                        |  | Surrender the property. Retain the property and redeem it.   |  | No<br>Yes                                    |
|  | Description of property securing debt: | 2007 Jayco Designer (fifth wheel) - 38'    |  | Retain the property and enter into a<br>Reaffirmation Agreement.<br>Retain the property and [explain]: |  |  |

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

| Debtor 1 | Allen Dunn VanLandingham                |                    | Case number (if known)                                |  |
|----------|---|--------------------|---|--|
| Part 3:  | Sign Below                              |                    |   |  |
| -        | penalty of perjury, I declare that I ha |                    | out any property of my estate that secures a debt and |  |
|          | n Dunn VanLandingham                    | _ X                |   |  |
| Allen Du | unn VanLandingham, Debtor 1             | Signature of Debto | r 2   |  |
| _        | 1/05/2019<br>MM / DD / YYYY             | Date MM / DD / Y   | YYY   |  |

B2030 (Form 2030) (12/15)

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

| In re  | e Allen Dunn VanLandingham  | Case No.  |
|--------|---|---|
|        |   | Chapter 7   |
|        | DISCLOSURE OF COMPENSATION  | OF ATTORNEY FOR DEBTOR  |
| t<br>s | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cert that compensation paid to me within one year before the filing of the services rendered or to be rendered on behalf of the debtor(s) in a sa follows: | ne petition in bankruptcy, or agreed to be paid to me, for    |
| F      | For legal services, I have agreed to accept   | \$1,500.00  |
| F      | Prior to the filing of this statement I have received   | \$1,500.00  |
| E      | Balance Due   | \$0.00  |
| 2. 7   | The source of the compensation paid to me was:  |   |
|        | ✓ Debtor ☐ Other (specify)  |   |
| 3. 7   | The source of compensation to be paid to me is:   |   |
|        | ✓ Debtor ☐ Other (specify)  |   |
| 4. [   | ✓ I have not agreed to share the above-disclosed compensatio associates of my law firm.   | n with any other person unless they are members and           |
| [      | ☐ I have agreed to share the above-disclosed compensation wi<br>associates of my law firm. A copy of the agreement, together<br>compensation, is attached.  | ·   |
| 5. l   | n return for the above-disclosed fee, I have agreed to render lega  | al service for all aspects of the bankruptcy case, including: |

- bankruptcy;b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

#### **CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

11/05/2019 /s/ Alex Bouthilet

Date

Alex Bouthilet
The Wright Firm, L.L.P.
8150 N. Central Expressway

8150 N. Central Express Suite 775 Dallas, Texas 75206

Phone: (469) 635-6900 / Fax: (214) 780-9797

Bar No. 24080800

/s/ Allen Dunn VanLandingham

Allen Dunn VanLandingham

# UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS SHERMAN DIVISION

IN RE: Allen Dunn VanLandingham CASE NO

CHAPTER 7

# **VERIFICATION OF CREDITOR MATRIX**

|      | The above named De | btor hereby verifies | that the attached | d list of credito | rs is true and | correct to the | best of his/her |
|------|--------------------|----------------------|-------------------|-------------------|----------------|----------------|-----------------|
| know | rledge.            |                      |                   |                   |                |                |                 |

| Date . | 11/5/2019 | Signature /s/ Allen Dunn VanLandingham  Allen Dunn VanLandingham |
|--------|-----------|--|
| Date   |           | Signature  |

AES/PHEAA Attn: Bankruptcy PO Box 2461 Harrisburg, PA 17105

AFNI, Inc. 1310 MLK Drive P.O. Box 3517 Bloomington, IL 61702-3517

All Star Orthopaedics 400 W LBJ Freeway Ste 330 Irving, Texas 75063

Alliance One Receivables Management, Inc PO Box 1007 Arlington, TX 76004-1007

American Radiology Consultants P.O. Box 780 Longmont, CO 80502-0780

ARS National Services P.O. Box 469046 Escondido, CA 92046

Baylor University Medical Center P.O. Box 842022 Dallas, TX 75284

Charter Communications P.O. Box 790261 Saint Louis, MO 63179-0261

CIG Financial Attn: Bankruptcy Dept PO Box 19795 Irvine, CA 92623 City of San Antonio P.O. Box 158 San Antonio, Texas 78291

CMRE Financial Services
Attn: Bankruptcy
3075 E. Imperial Hwy, Suite 200
Brea, CA 92821

Comprehensive Orthopaedic P.O. Box 14000 Belfast, ME 04915-4033

Couch, Conville & Blitt 1450 Poydras, St Ste 2200 New Orleans, LA 70112-1227

CPS Energy P.O. Box 2678 San Antonio, Texas 78289

Credit Adjustments, Inc. P.O. Box 5640 Manchester, NH 03108

Credit Collection Service 725 Canton Street Nordwood, MA 02062

Credit First National Association Attn: Bankruptcy PO Box 81315 Cleveland, OH 44181

Credit Management, LP 6080 Tennyson Parkway, Ste 100 Plano, TX 75024

Credit Systems International, Inc Attn: Bankruptcy PO Box 1088 Arlington, TX 76004

Datasearch Inc Atten: Bankruptcy Dept 85 NE Interstate Loop 410 Ste 575 San Antonio, TX 78217

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

FedLoan Servicing Attn: Bankruptcy PO Box 69184 Harrisburg, PA 17106

Fingerhut Attn: Bankruptcy PO Box 1250 Saint Cloud, MN 56395

IC System, Inc Attn: Bankruptcy PO Box 64378 Saint Paul, MN 55164

Internal Revenue Service P.O. Box 21126 Philadelphia, PA 19114

Internal Revenue Service PO Box 21126 Philadelphia, PA 19114

Intuit Inc.
5601 Headquarters Dr.
Plano, TX 75024

Just Energy P.O. Box 650518 Dallas, Texas 75265-0518

LA Fitness P.O. Box 54170 Irvine, CA 92612

Lab Corp P.O. Box 2240 Burlington, North Carolina 27216-2240

Linebarger Goggan Blair & Sampson, LLP 900 Arion Parkway, Suite 104 San Antonio, TX 78216

Livingston Hearing Aid Center 11661 Preston Rd, #131 Dallas, TX 75230

Medical City Lewisville P.O. Box 740782 Cincinnati, OH 45274

Medicredit, Inc. P.O. Box 1629 Maryland Heights, M 63043-06290

Midas Auto Service Experts 9412 Perrin Beitel San Antonio, Texas 78217

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108 National Credit Services, Inc. P.O. Box 766 Bothell, WA 98041-0766

NPRTO Texas, LLC 256 West Data Drive Draper, UT 84020

NTTA 5900 W. Plano Parkway Plano, TX 75093

Portfolio Recovery Attn: Bankruptcy 120 Corporate Blvd Norfold, VA 23502

ProPath Associates P.O. Box 660811 Dallas, TX 75266-0811

Questcare Hospitalists, PLLC P.O. Box 99086 Las Vegas, NV 89193-9085

Questcare Medical Services, PLLC P.O. Box 99082 Las Vegas, NV 89193

Radius Global Solutions P.O. Box 390905 Minneapolis, MN 55439

Santander Consumer USA Attn: Bankruptcy 10-64-38-FD7 601 Penn St Reading, PA 19601 Seventh Avenue 1112 7th Avenue Monroe, WI 53566

Steven M. Pounders MD 3500 Oak Lawn Ave Ste 600 Dallas, Texas 75219

Synchrony Bank/Amazon Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Texas Radiology Associates LLP PO Box 2285 Indianapolis, IN 46206-2285

Trinity Finance Co. PO Box 422415 Fort Worth, TX 76121

U.S. Department of Education ECMC/Bankruptcy PO Box 16408 Saint Paul, MN 55116

United States Attorney's Office 110 North College Avenue, Suite 700 Tyler, Texas 75702-0204

United States Trustee's Office 110 North College Avenue, Suite 300 Tyler, Texas 75702-7231 US Department of Education P.O. Box 5227 Greenville, TX 75403

Veldos LLC P.O. Box 2824 Woodstock, GA 30188

Weltman, Weinberg & Reis Co. LPA P.O. Box 93596 Cleveland, OH 44101-5596

| Fill in this inf                               | ormation to  | identify your case  |  |  | box only as dire  |                          |
|--|--|---|--|--|---|--------------------------|
| Debtor 1                                       | Allen  | Dunn  | VanLandingham  | _  | in Form 122A-1Su  |                          |
|  | First Name   | Middle Name   | Last Name  | 1.There is   | no presumption of abus  | 3e.                      |
| Debtor 2<br>Spouse, if filing)                 | First Name   | Middle Name   | Last Name  |  | ulation to determine if a   |                          |
|  |  |   |  |  | applies will be made u est Calculation (Official                            | -                        |
| Jnited States Ba                               | nkruptcy Court fo  | or the: <b>EASTERN DIS</b>  | TRICT OF TEXAS   | - │  | ns Test does not apply  | now because              |
| Case number if known)                          |  |   |  |  | ed military service but i   | t could appl             |
| II KIIOWII)                                    |  |   |  | later.   |   |                          |
|  |  |   |  | ☐ Check if the   | his is an amended filing  | 3                        |
| fficial Form                                   | 122A-1   |   |  |  |   |                          |
|  |  | of Your Current   | Monthly Income   |  |   | 1                        |
|  |  |   |  |  |   |                          |
| 2A-1Supp) with Part 1: Ca                      |  | Current Monthly I   | ncome  |  |   |                          |
| What is your                                   | marital and filir  | ng status? Check one o  | only.  |  |   |                          |
| <b>⊘</b> Not mar                               | ried. Fill out Col   | umn A, lines 2-11.  |  |  |   |                          |
|  | and your spous   | se is filing with you. F  | ill out both Columns A and B, I  | ines 2-11.   |   |                          |
|  | and your spous   | se is NOT filing with yo  | ou. You and your spouse are  | <b>)</b> :   |   |                          |
| Livi   | ng in the same   | household and are no  | ot legally separated. Fill out bo  | oth Columns A and  | d B, lines 2-11.  |                          |
| dec  | lare under penal   | ty of perjury that you an   | d. Fill out Column A, lines 2-11<br>and your spouse are legally sepa<br>s that do not include evading the  | arated under nonba   | ankruptcy law that appli  | ies or that y            |
| bankruptcy of August 31. If in the result.     | the amount of your point of the amount of your point include a | § 101(10A). For exampour monthly income varing income amount more | ed from all sources, derived ple, if you are filing on Septem ied during the 6 months, add the than once. For example, if b have nothing to report for any | ber 15, the 6-mont<br>ne income for all 6<br>oth spouses own t | th period would be Mard<br>months and divide the<br>he same rental property | ch 1 through total by 6. |
|  |  |   |  | Column A   | Column B  |                          |
|  |  |   |  | Debtor 1   | Debtor 2 or non-filing spouse   |                          |
| _  | /ages, salary, ti  | ps, bonuses, overtime   | , and commissions  | \$2,148.12   |   |                          |
| Alimony and if Column B is                     |  | ayments. Do not includ  | de payments from a spouse  | \$0.00   |   |                          |
| expenses of<br>regular contrib<br>your depende | you or your depoutions from an units, parents, and             | d roommates. Include re   |  | \$0.00   |   |                          |

on line 3.

| Deb | otor 1 Allen Dunn VanLandingh   | am   |   | C          | ase number (if kı | nown)                                   |
|-----|---|--|---|------------|-------------------|---|
|     |   |  |   |            | Column A Debtor 1 | Column B  Debtor 2 or non-filing spouse |
| 5.  | Net income from operating a busine  | ess, profession, c   | or farm   |            |                   |   |
|     |   | Debtor 1   | Debtor 2  |            |                   |   |
|     | Gross receipts (before all deductions)  | \$0.00   |   | -          |                   |   |
|     | Ordinary and necessary operating expenses   | \$0.00   |   | -<br>Copy  |                   |   |
|     | Net monthly income from a business, profession, or farm   | \$0.00   |   | here →     | \$0.00            |   |
| 6.  | Net income from rental and other re   | eal property   |   |            |                   |   |
|     |   | Debtor 1   | Debtor 2  |            |                   |   |
|     | Gross receipts (before all deductions)  | \$0.00   |   | -          |                   |   |
|     | Ordinary and necessary operating — expenses   | \$0.00   |   | -<br>Copy  |                   |   |
|     | Net monthly income from rental or other real property   | \$0.00   |   | here →     | \$0.00            |   |
| 7.  | Interest, dividends, and royalties  |  |   |            | \$0.00            |   |
| 8.  | Unemployment compensation   |  |   |            | \$0.00            |   |
|     | Do not enter the amount if you conter benefit under the Social Security Act.  |  |   |            |                   |   |
|     | For you   |  | \$0.  | .00        |                   |   |
|     | For your spouse   |  |   |            |                   |   |
| 9.  | Pension or retirement income. Do was a benefit under the Social Securi next sentence, do not include any cor allowance paid by the United States of disability, combat-related injury or dis uniformed services. If you received a of title 10, then include that pay only the amount of retired pay to which you wounder any provision of title 10 other the | ty Act. Also, excep<br>mpensation, pension<br>Government in con<br>ability, or death of<br>any retired pay paid<br>o extent that it doe<br>ould otherwise be e | or as stated in the on, pay, annuity, o nection with a a member of the d under chapter 61 as not exceed the entitled if retired | r          | \$0.00            |   |
| 10. | Income from all other sources not I amount. Do not include any benefits payments received as a victim of a winternational or domestic terrorism; or or allowance paid by the United State disability, combat-related injury or dis uniformed services. If necessary, list and put the total below.  | received under the<br>ar crime, a crime a<br>compensation, pe<br>s Government in c<br>ability, or death of   | e Social Security A<br>gainst humanity, on<br>ension, pay, annuit<br>onnection with a<br>a member of the                        | Act;<br>or |                   |   |

|                      |   |  | Column A  | Column   | R  |   |
|----------------------|---|--|---|--|--|---|
|                      |   |  | Debtor 1  | Debtor 2   |  |   |
| <b>alcul</b> add lin | mounts from separate pages, if any.  ate your total current monthly income. es 2 through 10 for each column. dd the total for Column A to the total for Colu  | mn B.  | <b>+</b> \$2,148.12   | +<br>+   | =  | \$2,148.12  Total current monthly income  |
| 2:                   | Determine Whether the Means T   | est Applies to You   |   |  |  |   |
| alcul                | ate your current monthly income for the ye  | ear. Follow these steps:   |   |  |  |   |
| 2a. (                | Copy your total current monthly income from   | line 11  | Copy lii  | ne 11 here   | → 12a.   | \$2,148.12  |
| ı                    | Multiply by 12 (the number of months in a yea   | ar).   |   |  |  | X 12  |
| 2b                   | The result is your annual income for this part  | of the form.   |   |  | 12b.   | \$25,777.44   |
| alcul                | ate the median family income that applies   | to you. Follow these steps:  |   |  |  |   |
| ll in th             | he state in which you live.   | Texas  |   |  |  |   |
| ll in th             | he number of people in your household.  | 1  |   |  |  |   |
| ll in th             | he median family income for your state and si   | ze of household  |   |  | 13.  | \$49,996.00   |
|                      | • •   |  | •   |  |  |   |
| ow d                 | o the lines compare?  |  |   |  |  |   |
| 4a.                  |   | On the top of page 1, check  | box 1, There is no pr   | esumption  | of abuse.  |   |
| <b>4</b> b.          |   | p of page 1, check box 2, <i>The</i>   | e presumption of abu  | se is deteri   | mined by F   | orm 122A-2.   |
| 3:                   | Sign Below  |  |   |  |  |   |
| By sig               | gning here, I declare under penalty of perjury  | that the information on this st  | atement and in any a  | attachments  | s is true an   | d correct.  |
|                      |   |  | ŕ   |  |  |   |
|                      |   | <b>X</b><br>Sign   | ature of Debtor 2   |  |  |   |
| Δ.                   | oto 44/E/0040   | Dota   |   |  |  |   |
| D                    | MM / DD / YYYY  | Date   | MM / DD / YYYY  |  |  |   |
|                      | 2:  alcul 2a.  2b.  Il in the principal of the principal | 2: Determine Whether the Means T alculate your current monthly income for the year.  2a. Copy your total current monthly income from Multiply by 12 (the number of months in a year.  2b. The result is your annual income for this part.  2c. The result is your annual income for this part.  2c. The result is your annual income for this part.  2c. The result is your annual income for this part.  2c. The result is your annual income for this part.  2c. Il in the state in which you live.  2d. Il in the number of people in your household.  2d. Il in the median family income for your state and sit of find a list of applicable median income amounts, structions for this form. This list may also be avail.  2d. In the 12b is less than or equal to line 13.  2d. Go to Part 3.  2d. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.  3d. Sign Below  2d. Allen Dunn VanLandingham  2d. Allen Dunn VanLandingham  Allen Dunn VanLandingham, Debtor 1  2d. Date 11/5/2019  2d. MM / DD / YYYY | Acculate your current monthly income for the year. Follow these steps:  2a. Copy your total current monthly income from line 11 | 2: Determine Whether the Means Test Applies to You  alculate your current monthly income for the year. Follow these steps: 2a. Copy your total current monthly income from line 11 | 2: Determine Whether the Means Test Applies to You  alculate your current monthly income for the year. Follow these steps: 2a. Copy your total current monthly income from line 11 | 2: Determine Whether the Means Test Applies to You  alculate your current monthly income for the year. Follow these steps:  2a. Copy your total current monthly income from line 11 |

If you checked line 14b, fill out Form 122A-2 and file it with this form.

# **Current Monthly Income Calculation Details**

In re: Allen Dunn VanLandingham Case Number:

Chapter: 7

### 2. Gross wages, salary, tips, bonuses, overtime and commissions.

| De | ebtor or Spouse's Income | Description (if available) |             |             |             |             |               |             |
|----|--------------------------|----------------------------|-------------|-------------|-------------|-------------|---------------|-------------|
|    |                          | 6<br>Months                | 5<br>Months | 4<br>Months | 3<br>Months | 2<br>Months | Last<br>Month | Avg.<br>Per |
|    |                          | Ago                        | Ago         | Ago         | Ago         | Ago         |               | Month       |

<u>Picoh USA, Inc.</u> \$2,102.24 \$2,080.65 \$2,234.42 \$2,098.40 \$2,294.00 \$2,079.00 **\$2,148.12**